

THE

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"NEC TENUI PENNÄ."

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## Original.

### THREE CASES OF STONE TREATED BY BIGELOW'S METHOD,

With some Remarks on the Value of this Operation.

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In the time at my command it would be quite impossible to attempt to discuss fully the merits of rapid lithotripsy or to review the relative value of this procedure as compared with the other operations which are practiced for the removal of stone in the bladder. Within the last few months I have had occasion to employ Bigelow's method in three different cases of stone occurring in adults, and I will confine myself to a report of the chief facts connected with them, and attempt to illustrate by these cases the value of the operation. The three cases all present different phases of calculus disease, and thus afford a very good opportunity for judging of the capacity of this method in dealing with cases of stone under widely different conditions.

In each case the operation was undertaken with the intention of completely crushing and removing the stone at a single sitting, and thus avoiding the danger of leaving sharp and irregular fragments in the bladder as is done in ordinary lithotripsy, and thus, while freeing the patient at once from his trouble, diminishing the liability to consequent cystitis.

In the second case a small fragment which had been left was crushed some six weeks after the first operation; in the other two the stone was completely removed at a single sitting.

CASE I. J. W., German, machinist, age thirty-nine, presented himself at my office with a history of bladder trouble which

had continued for six years. Within a few days he had been examined and a stone discovered. The sound was introduced, and at once came in contact with a stone. The day following the presence of a calculus was again demonstrated, and the urethra was found to readily admit a thirty-two French sound. The examination was not painful and was not followed by any unpleasant symptoms. The urine was acid, 1.020 specific gravity, free from albumen, and contained only a few leucocytes and blood corpuscles. The man's general condition was very good. From these examinations it was apparent that the case presented all of the conditions favorable for the crushing operation, a capacious and tolerant urethra, no disease of bladder or kidney, and no impairment of the general health. It was decided, therefore, to attempt Bigelow's operation, and to remove the stone by the evacuator after completely crushing it, continuing the operation until the bladder was entirely free from fragments. The day following the man was anesthetized, the hips elevated by a pillow placed under the buttocks, and the knees slightly separated, and the lithotrite at once introduced without preliminary sounding. The blades were opened and closed without, however, catching the stone. This was repeated several times in different parts of the bladder with a like result. The instrument was then withdrawn, the presence of the stone verified by the searcher, and then several ounces of water injected through a rubber catheter. The lithotrite was again introduced, and the stone caught and easily crushed at the first attempt. The crushing was repeated several times, and then the evacuating-tube was introduced and a number of fragments and a quantity of fine gravel were drawn into the receiver by alternately filling and emptying the bladder with water from the evacuator. The lithotrite was again used,



and more fragments crushed, and then washed out as before. The lithotrite was introduced in all four times. Careful sounding now failed to detect evidence of calculus, so after a final washing the man was placed in bed and hot cloths applied to abdomen and perineum. He was directed to pass his water while on his back during the day. When seen the next day, he got out of bed, and for the first time in six years passed his water in the erect position, freely, without pain. As a matter of precaution he was ordered to stay in bed for the day. The day following he was up, and in a day or two resumed his work in the shops of a railroad company. It is now six months, and he has remained entirely free from trouble. The fragments when dried weighed eighty-five grains. In this case we had present all of the conditions which are favorable for lithotrity, a capacious and tolerant urethra, bladder and kidneys free from disease, and a moderate sized stone, which was readily crushed. As a result of the operation the man was discharged entirely cured on the third day. Lithotomy under the most favorable conditions would have confined him to bed for two weeks at least, and probably longer, while the old-fashioned lithotrity would have required two and possibly more sittings before the stone was completely disposed of.

CASE II. H. B., aged seventy-two, American, merchant, came from Indiana to consult me for trouble with the bladder, which now had lasted for several years, and which was constantly growing worse. Micturition occurred every few minutes and was extremely painful; indeed the pain was so great that the patient had acquired the habit of using morphine freely. His general condition showed the effect of loss of sleep and constant suffering. The sound readily detected a stone. The urine was ammoniacal and loaded with mucus and pus. It was agreed that I should see him in the afternoon at his hotel, and then, after a second exploration, arrange for the operation the next morning. This second examination I was anxious to make, that I might determine the size of the urethra and its tolerance to the introduction of large sized instruments. In the evening my patient had, I found, changed his mind, and determined to return home and have the operation performed there. He had experienced no bad effects from the examination in the morning. A few days later, according to agreement, I went to Connersville, and there performed the operation. The

operation lasted an hour and twenty-three minutes. The prostate was enlarged and offered some obstruction to the introduction of the lithotrite, and the bladder was apparently somewhat sacculated and contained a large quantity of stringy mucus, which was drawn out with the evacuator and interfered with the ready evacuation of the fragments. The lithotrite was introduced twelve or fifteen times, its jaws always containing a greater or less quantity of debris on being withdrawn. At last the evacuator failed to bring out any more fragments, and the lithotrite and searcher could not discover any more left in the bladder. The search was not prolonged, as the patient's condition indicated the propriety of not continuing the operation longer, any small fragment which might possibly be left, it was thought, could better be disposed of later. He was placed in bed considerably exhausted by the prolonged operation, and was surrounded by hot bottles and covered with blankets. The fragments weighed two hundred and fifty-seven grains. I left him in a few hours and returned home. He recovered somewhat slowly from the effects of the operation, and for several days passed a good deal of blood accompanied by great pain. The severe symptoms subsided in a few days, and marked amelioration of all his symptoms and very decided improvement in his general condition followed. The cystitis, although relieved, did not entirely subside. Some six weeks later pain on micturition increased to such an extent that he came down to see me, and I readily detected the presence of a calculus, and in a few days I crushed and removed a fragment weighing twenty grains. Very marked improvement has followed this second operation, and, in a letter received a few days ago, he says that he can hold his water for several hours, and often passes it without any pain and quite clear. At other times there is a quantity of mucus and some pain. He has derived decided benefit from the use of *herniaria glabra* and the infusion of *triticum repens*. I was obliged in this case to leave my patient immediately after the operation, and to conduct the treatment by letter or telegraph. If I could have had him under my immediate care, I am confident I could have averted much of his subsequent suffering. I was anxious to have his bladder systematically washed out in order to relieve the cystitis; but to this the old gentleman objected, and being at a distance I could not insist, as I could not conduct the washing



personally. In this case all of the conditions were unfavorable, enlargement of prostate with marked cystitis and sacculation of the bladder, and probably dilated and diseased kidneys, all of them conditions which render any operation on the bladder extremely dangerous.

Later on I will discuss the question of the relative merits of the cutting and crushing operation in similar cases, and will here only say that I very much doubt whether the patient would have survived the shock of lithotomy, or, if he did survive, whether he would have had sufficient vitality to repair the wound which would have been necessarily made. On the other hand, we must not overlook the benefit to the bladder from the prolonged rest which the continuous drainage through a lithotomy-cut, keeping the viscus empty and free from decomposed urine, would have secured. The case has impressed me very strongly with the importance of having the patient under immediate supervision after the operation, and not to trust to directing the treatment at a distance.

Case III. J. H., German, age fifty-five, saloon keeper, suffered during last fall from more or less trouble in passing his water. His description of his symptoms was not very definite. Christmas night he was suddenly seized with retention and was not relieved for twenty-four hours, when the catheter was used and the bladder emptied. Since then he has been obliged to use the catheter regularly, and the bladder has not recovered the power of expelling its contents. I saw him May 1st. He carried a gum catheter with him and was obliged to use it at short intervals. The urine contained blood, mucus, and pus. The introduction of the instrument was always painful, and there was severe suffering after the urine was drawn off. A stone was readily discovered by the searcher, and rectal examination showed some hypertrophy of the prostate. May 3d, the man was put under ether, and a small calculus was seized and crushed and the fragments washed out by the evacuator. The fragments weighed fourteen grains. The bladder was several times washed out and then carefully explored without finding evidence of any stone remaining. The walls of the bladder appeared to be rough and uneven. The operation resulted in decided amelioration of the painful symptoms, and under systematic washing out and the use of the *herniaria glabra* the evidence of cystitis has almost entirely disappeared. The bladder has not, however, regained its

power of expelling its contents. This case was probably developed in the following manner, hypertrophy of the prostate gradually occurred and produced the first symptoms of urinary trouble from the inability of the bladder to completely void its contents, and then, as a result of exposure to cold or to some excess in drinking, retention was caused by a suddenly occurring hyperemia of the gland, and, being unrelieved, produced atony of the muscular coat of the bladder, a condition which has since persisted. The constant use of the catheter now became necessary, and owing to the irritation thus produced, or possibly to the fact that the instrument was not kept clean, cystitis followed with decomposition of urine, and consequent upon this a deposit of the phosphates, thus giving rise to the small calculus we found. This calculus, once formed, acted as a foreign body, and not only aggravated and intensified the existing cystitis but was the cause of severe pain whenever the viscus was emptied, as then the sensitive mucous membrane was brought in contact with its roughened surface. The operation has almost entirely relieved the distressing symptoms except the inability to empty the bladder in the natural way, a condition likely to be permanent.

These three cases afford an opportunity of estimating to some degree the value and range of application of Bigelow's method; a method which is based upon the proposition that prolonged use of polished instruments in the bladder is less likely to cause damage to its walls than the sharp fragments left behind in ordinary lithotripsy, and therefore the operation is continued until the stone is completely crushed and the last fragment removed by the evacuator instead of relying upon the natural power of the bladder to expel them with the urine.

The first case may stand as the type of a moderate sized calculus occurring in an adult whose general health is not impaired and who is free from all cystic and renal complications, with a large and tolerant urethra. In such cases lithotomy can not compare with Bigelow's operation. In our case the man was relieved of his stone by an operation which lasted twenty minutes, and on the third day he was up and well. The cutting operation under the most favorable conditions would have involved confinement to bed for several weeks, while the old-fashioned lithotripsy would have completed the crushing only after two or more sittings practiced at intervals of several days. The



only conditions which contra-indicate lithotripsy in the adult are, stricture so reducing the caliber of the urethra that the lithotrites and evacuating tubes can not be introduced, and extreme hardness or unusual size of the stone. For the first there is usually time for the dilatation or division of the stricture before it is necessary to remove the stone, and for the other two conditions no absolute line can be drawn, as the improvement in the instruments now enable us to deal successfully with nearly every case, no matter how hard or large. Stones weighing four ounces have been successfully removed by the Bigelow method.

In the second case, the decision between the two methods is by no means so readily arrived at. Here the case is of a man of advanced age, broken in health, with enlargement of the prostate, marked cystitis and possibly dilatation of the kidneys. In such cases lithotomy offers rapidity of execution, thus avoiding prolonged use of the anesthetic, and the opportunity of draining the bladder for some days and giving the organ complete rest, and so placing it in a condition favorable for the subsidence of the cystitis. On the other hand, we must encounter the shock of the cutting operation, and the difficulty of repairing an extensive wound in one of enfeebled health, so that many such die of simple exhaustion days after the operation. A further objection is the dread the cutting operation naturally excites.

Rapid lithotripsy, on the other hand, may involve the necessity of a prolonged operation, and leaves the cystitis under conditions not favorable for treatment, and it may be somewhat intensified by the manipulation itself. When, however, the fragments are completely removed, the cystitis can generally be controlled, and even if complete rest to the organ be deemed necessary, this can be secured as suggested by Mr. Teevan, by making a small opening into the membranous portion of the urethra and introducing a soft catheter into the bladder and keeping it there—an operation much less severe than the ordinary lateral lithotomy, in which the prostate is extensively wounded. Compared with the old-fashioned lithotripsy, in which the stone was completely crushed after a number of sittings practiced at varying intervals; it avoids the danger of repeated operations and the risk of increasing a cystitis already existing by the presence of sharp and irregular fragments left in the bladder. The Bigelow

method has certainly been too recently introduced to enable us to lay down definite limits for its employment in the class of cases we are considering. Thompson has, however, shown that, since its introduction, fewer cases in his hands are submitted to the cutting operation than formerly, and that his percentage of deaths has fallen from seven and a half per cent to three per cent, showing an increase in the range of application as well as safety over the older method.

Finally, in the third case, where the bladder was entirely incompetent to expel its contents, and where a stone was rapidly forming with all the dangers of confirmed cystitis which it involved, we have by this means an easy and safe procedure for the removal of the offending body. Lithotripsy, without the artificial removal of the fragments, would be entirely inadequate to deal with such a case, and the cutting operation would certainly seem a severe proceeding for the removal of a stone not much larger than a bean.

The above cases do not of course exhaust all of the conditions under which stone in the bladder is met with; they represent, however, varieties which are frequently seen, and as far as they go illustrate the capacity of Bigelow's operation in dealing with both favorable and unfavorable cases.

CINCINNATI, O.

## ACUTE DISEASES AND INJURIES OF THE EYE, EAR, AND THROAT.

Some Suggestions to the Family Physician on their Management.

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Having had so many neglected cases of the class referred to in the title of this article come under my observation, I have thought it well to endeavor to arouse family physicians to the importance of their proper and early treatment.

Physicians are greatly to blame for the mistakes of the laity. To prove the truthfulness of this statement it is only necessary to remember how often persons are told by physicians to pay no attention to an earache, a cold in the head, or a congested eye; the



usual advice, that a child will outgrow a suppurating ear or a crossed-eye, should be things of the past.

I purpose first taking up the subject of "Earache." To the earache of childhood almost all cases of deafness can be traced. In examining an adult suffering from middle-ear deafness it is with extreme difficulty we get an accurate history. They date their deafness from a few days to a few months. Question them closely, and a great majority of these patients will give a history of earache in childhood. Just here, in the neglected earache of childhood, the incurable chronic catarrh and proliferous inflammation of the middle-ear originate. Those oft-repeated and neglected earaches of childhood are the foundation of middle-ear deafness of adult life, and of the chronic suppuration of the middle-ear, which has subjected the patient to an unhappy existence and often produces inflammation of the meninges and brain, with death. It is not the lot of a great many to see such cases, for it is just at this stage they fall into the specialist's hands. It is true many have earaches that are neglected and yet suffer no inconvenience. This is not, however, the history of all.

Could aurists see patients suffering from diseases of the ear in their earlier stages, we would have a different story to tell, and not so often have to repeat that oft-told tale, "Too late, no good can be done." To the general practitioners, then, we appeal, and ask assistance. To illustrate the infrequency with which cases of acute aural catarrh fall into our hands, Roosa states that, out of nine hundred and ninety-four cases of aural disease seen in his private practice, fifty-five belonged to the class now under consideration. This is about the average. Leaving out of consideration the many cases of deafness resulting from neglected earaches of childhood, what a surprise would be produced by a record of those cases passing on to acute suppuration, chronic suppurating meningitis, death! Boilde says, in reference to chronic suppuration of the middle-ear, "We can never tell how, when, or where it will end or what it may lead to." As mentioned before, I shall first consider acute catarrh of the middle-ear or "earache." I know of no note of warning more appropriate just here than the following: *Never poultice an eye unless the sight is hopelessly gone, or an ear until all other remedies have failed.*

The diagnosis of acute inflammation of the middle-ear is in some instances a little difficult in the young. A little pressure ap-

plied to the ear, or if the child stops crying when warmth is applied to the organ, the question is soon decided. This refers to those cases only where the necessary instruments are not on hand to make a proper examination. A competent person, with a reflector and an ear speculum, will soon recognize an injected and bulging drum membrane. In older subjects, besides these symptoms, we will be told of a feeling of fullness, a deep-seated pain, and noises in the ear. These symptoms are also accompanied by fever. Deafness results in most cases, yet in some the hearing power is painfully increased.

The drum membrane will have many more small blood-vessels in its periphery and along the handle of the malleus than normally. The bulging is usually in the posterior and inferior quadrant, and is easily recognized. This bulging is the result of confined muco-pus. The membrane usually loses its brilliancy. Pain, which is almost always the first symptom, is in most cases extremely excruciating. It is referred to the depth of the ear, involving often the whole side of the head, following the course of the fifth and seventh nerves.

The causes of this disease are quite numerous. It often exists with scarlet fever, measles, and smallpox. Naso-pharyngeal catarrh is a frequent cause. Bathing and allowing water to remain in the ear produces it. While in New York I treated several cases, the result of waves striking the ear while surf-bathing. Have had two cases lately caused by blows on the ear with the open hand. Many cases are reported as the result of the use of the nasal douche. I reported one case some time ago, produced by snuffing salt water up the nose. As seen above, the causes are numerous. In speaking of the treatment, I think it well to divide it into preventive and curative. As to the first (preventive), avoid too warm rooms, heavy wraps, neck mufflers, hose and underwear of varied thicknesses, and sleeping in underclothes. Mothers should be taught the dangers of the horrible habit of wetting their children's hair each time it is combed. It is one of the most prolific causes of nasal catarrh and its bad results. The liability to catch cold can be greatly ameliorated by daily baths in cool water, followed by friction with rough towels or hair mittens. On getting up in the morning is the best time. The clothing should be removed and water as cool as can be borne (judge by the length of time it takes



reaction to follow) used over the body with a sponge, then friction with the rough towel or mitten till the skin is aglow. One or two other common causes of colds, I forgot to mention, is wearing slippers and thin wrappers.

The treatment of "earache" is very simple. Increased temperature and increased blood-supply should mark out your course. Blood-letting should be placed at the head of the list—leeches, if they can be had, and if not the wet cup. Two, four, or six leeches, depending upon the patient's age and condition, should be placed on or near the tragus and left there until they drop off. Then the bleeding to be encouraged for one half or an hour by means of warm water and sponge. The effect of this simple treatment is marvelous. I have seen patients who have suffered hours of excruciating pain, and had no rest for twenty-four to forty-eight hours, fall off into a sound sleep before the leeches dropped off. When the local blood-letting is impossible, hot water should be used. This should be taught the heads of all families. Take a douche or a fountain syringe filled with very warm water, and place it a couple of feet higher than the head. Put a finger-bowl under the ear, pulling the auricle up and back, insert the tube half an inch into the ear and allow a quart of warm water to flow in. Wipe the ear dry afterward with absorbent cotton, and let the patient wear a plug of cotton in the ear. This to be repeated every hour or two, according to the symptoms. When neither douche nor syringe can be had, a piece of tubing can be used as a siphon, or water may be poured in from a teaspoon and repeated often. Opium should never be given unless there be a free discharge from the ear, or unless the physician is sure there is no pus or muco-pus in the tympanic cavity. The opium, if the latter should be the case, will only conceal symptoms, and the muco-pus may break through to the brain before any one is aware of the danger, whereas, had no narcotic been given, pain, one of the most important symptoms, would have indicated the gravity of the case. The value of a narcotic *given at the proper time* can not be overestimated. It not only allays all pain, but is really curative. An earache may often be relieved by dry heat, say warming a piece of flannel or a bag of salt and putting it over the ear; also by holding the mouth close to the ear and letting the warm breath enter it. This is often efficacious, especially with babies. In this

lies the virtue of the common remedy of blowing tobacco smoke into the ear. Ear drops containing morphia and atropia are often dangerous, especially if the drum-head is perforated, as the drops may pass into the throat and produce fatal results. Up to this point then I put leeches first in the treatment of acute catarrh of the middle-ear; (2) The hot-water douche; (3) Warm, dry applications; (4) Warm air or steam; (5) If there is no fluid in the cavity of the tympanum, a narcotic. The above classification of treatment is given, supposing there is no pent up muco-pus.

If there should be fluid in the tympanic cavity, all the above treatment must be second to paracentesis of the drum-membrane; if the pent up fluid does not escape, then it may be drawn out by suction through a Seigel's otoscope, or blown out by inflation through the eustachian tube. After a free vent is given, then a narcotic will be of great service, and in opium and its salts we have the best, for, as I mentioned before, it not only allays pain but is also curative. Having now a free discharge, this should be encouraged by means of the warm douche for a week or ten days. Then an effort should be made to stop the discharge by means of cleanliness, astringents, and antiseptics, of which the best is acid boracic. An effort should now also be made to remove any obstruction to the passage of air through the eustachian tube. I forgot to mention in the beginning of the treatment that the throat complication, if there is any, should be attended to. A word or two here in reference to the Politzer bag as a remedy for recurring earache. In the beginning the trouble in the majority of cases may be aborted by inflation of the middle-ear with the Politzer bag. Families having such cases should have such a bag (the expense is small) and learn its use; it is extremely simple and equally efficacious.

It is very important to put in the hands of all parents simple and efficacious remedies for the relief of this curse of childhood, "earache," to take the place of the poultice and harmful local stimulants, oils, etc. We would urge upon general practitioners to leave off the poultice and use the leech; leave off the local application of sweet oil, Harlem oil, glycerine, laudanum, etc., and substitute hot water and dry heat. The results we obtain in our present treatment of this affection compared to that taught several years ago, and carried on yet by many of our well-known general practi-



tioners, is remarkable. Many wonder at our objections to the poultice. All can cite, no doubt, numerous cases of earache that were relieved instantly by the poultice. How are a majority of the cases relieved? By causing a free discharge. Not many can give such favorable reports of the after results. What has the poultice done? It has softened the whole drum-membrane so that when the rupture does occur almost all of the membrane is swept away. Now, this destroys three fourths of the drum, leaving a delicate mucous membrane exposed to the air carrying particles of dust and other irritating substances, in fact every thing favorable to a life-long suppuration of the middle-ear and recurring polypoid growths with all their dangers. Again, we have a chronic eczema of the auditory canal with exceedingly painful recurring furuncles. It is exceedingly rare to have the poultice bring about resolution. Compare this to the excellent results that follow leeches, hot water, and paracentesis. Some one may ask what difference there is in a perforation of a drum-membrane made by a knife and that brought about by a poultice. Just this, the one made with the knife is small and is done while the membrane has some vitality; such a perforation usually closes before we wish it to do so, and the operation has to be repeated; when the rupture occurs after poulticing, the continued application of moisture and heat has so softened the membrane and so changed its condition that when the break occurs the pus or muco-pus sweeps all before it, often leaving only a mere rim of the membrane. Such a perforation as this is often impossible to heal.

It is not my purpose here, as the title of this paper implies, to go into the treatment of suppuration of middle-ear. What I am anxious to do is to show how to avoid such a condition.

Acute inflammation of the middle-ear, the result of trauma, should be managed as that from other causes.

In acute inflammations of the throat, nose, and eye, when the result of cold, the preventive treatment should be the same as recommended in similar inflammations of the ear. I wish I could more forcibly impress upon all the importance of and the luxury in the morning of rubbing with the mittens. I have yet to find any express dissatisfaction with it. The sensation is delightful, and it is surprising the amount of exercise in it; for this reason the patient should carry out the rubbing himself.

I have noticed lately, in some of the periodicals, some one recommending as a new treatment the atropia in acute coryza. I have used it for some time in this trouble and in acute inflammations of the throat with excellent results, giving usually from one one-hundred-and-twentieth to one sixtieth grains, three times a day. I often resort with success to the well-known treatment of quinine and Dover's powder at bedtime, with hot drinks and hot foot-bath.

In acute tonsillitis and in relapsing quinsey I get excellent results from hydr'g. bin-iodide and atropia sulph. in minute doses. I have several patients subject to attacks of quinsey every spring and fall. They have granules of hydr'g. bin-iodide and atropia sulph. or extract belladonna, and at the first symptom of the old difficulty they commence taking the medicine with the result of aborting the abscess. I usually also give quinine. I think quinsey can always be aborted by observing the above directions. Coryza can be aborted also by treatment referred to, and prevented by cold sponge-bath with after-friction.

In acute catarrhal inflammations of the eye, we must be extremely careful about too early use of astringents, or else we will drive it into what is known as the phlyctenular form with its frequent relapses. I usually commence on the quinine and Dover's powder internally, preceded by a good calomel purge. Locally atropia sulphate, with frequent bathing of eyes in either cold or warm salt-water (one teaspoonful of salt to one pint of water), whichever gives the most comfort. The effect of the atropia is to allay pain and to keep the eye at rest. This to be continued for several days, or until the acute stage is over, then to commence with some mild astringent such as soda, borac., or alum in solution. If these do not answer, argent nit., to be washed off immediately with salt-water, acid, tannic, or the lapis divinis (cupri sulph., pot. nit. and camph.) may be substituted. What I mainly wish to impress upon the reader is the dangers incurred by the too early use of astringents. Of injuries of the eye the indications for treatment here are the same as elsewhere, yet how differently are they often managed. First remove all foreign bodies; if particles of stone or metal, by means of the spud, the magnet, forceps, syringe, or cotton and holder; if acid, use sweet oil or cream; if lime, a weak solution of vinegar. After this, treat it as an inflammation elsewhere. If the cornea is perforated in its periphery,



use the eserine sulphate instead of the atropia sulphate; if wound of cornea or sclera is of any extent, clear edges of wound and bring together by silver sutures, then manage as above directed. Do not use the poultice over the eye unless sight is hopelessly gone. Some eyes bear the poultice excellently, again we often have cases where the cornea will soften and break down quickly under such treatment; these cases can never be determined beforehand. After the sloughing begins it can not be checked without serious damage to the organ; so the poultice is to be avoided in this condition as before indicated with reference to the ear.

LOUISVILLE, KY.

### Miscellany.

THE ninth annual meeting of the Tri-State Medical Association will be held in Indianapolis, September 18th, 19th, and 20th. The work is already far advanced, and the title of each paper should be sent in at once. Papers must not exceed twenty-five minutes. It is also the rule that each physician who registers must be a member of a local or State society in good repute. All such are invited. Notice of papers or cases to be presented may be sent to the chairman of the Committee on Programme, Dr. J. L. Thompson, Indianapolis; to the secretary, Dr. G. W. Burton, Mitchell, Ind., or to the president, Dr. Wm. Porter, St. Louis.

THE Annual Commencement of the Kentucky School of Medicine was held at the Opera House on the evening of the 26th ultimo. The number of graduates was fifty-one. The Doctorate address was delivered by Prof. J. M. Mathews, and was well worthy of the occasion.

TALMAGE ON DOCTORS.—Encourage all physicians. You thank him when he brings you up out of an awful crisis of disease; but do you thank him for treating the incipient stages of disease so skillfully that you do not sink as far down as an awful crisis? There is much cheap and heartless wit about the physician; but get sick, and how quickly you send for him. Some say doctors are of more harm than good, and there is a book written, entitled "Every Man His Own Doctor." That author ought to write one more book and entitle it "Every Man His Own Undertaker." Do you think physicians are

hard-hearted because they see so much pain? Ah, no! The most eminent surgeon of the last generation in New York came into the clinical department of the New York Medical College when there was a severe operation to be performed upon a little child. The great surgeon said to the students gathered around him: "Gentlemen, there are surgeons here who can do this just as well as I can. You will excuse me, therefore, if I retire. I can not endure the sight of suffering as well as I once could." There are so many trials, so many interruptions, so many exhaustions in a physician's life that I rejoice he gets so many encouragements. Before him open all circles of society. He is welcomed in cot and mansion. Children shout when they see his gig coming, and old men, recognizing his step, look up and say, "Doctor, is that you?" He stands between our families and the grave, fighting back the disorders that troop up from their encampments by the cold river. No one ever hears such hearty thanks as the doctor. Under God he makes the blind see, the deaf hear, the lame walk. The path of such is strewn with the benedictions of those whom they have befriended. Perhaps there was in our house an evil hour of foreboding. We thought all hope was gone. The doctor came four times that day. The children put aside their toys. We walked on tip-toe and whispered, and at every sound said, "hush!" How loud the clock ticked, and, with all our care, the banister creaked. The doctor stayed all night and concentrated all his skill. At last the restlessness of the sufferer subsided into a sweet, calm slumber, and the doctor looked around to us and whispered, "The crisis is past." When, propped up with pillows, the sick one sat in the easy chair, and through the lattice the soft south wind tried hard to blow a rose-leaf into the faded cheek, and we are all glad, and each of the children brought a violet or a clover-top from the lawn to the lap of the convalescent, and little Bertha stood on a high chair with the brush smoothing her mother's hair, and it was decided that the restored one might soon ride out for a mile or two, our house was bright again. And as we helped our medical adviser into the gig we saw not that the step was broken or his horse sprung in the knees. For the first time in our life we realized what doctors are worth. In some of our minds among the tenderest of our memories is that of the old family physician.



EVOLUTION AT THE UNIVERSITIES.—The enthusiastic reception of Professor Huxley at Cambridge, as the exponent of the doctrine of evolution, and the enthusiastic cheers with which the name of Darwin was greeted, is a notable circumstance in modern scientific and educational history. (British Medical Journal.) For the Rede Lecture, delivered on Monday in the Senate House by Professor Huxley, he chose as his subject "The Origin of the Existing Forms of Animal Life-Construction, or Evolution." There were at least one thousand one hundred persons present, and among them nearly all the University dignitaries in residence. A large number of ladies and undergraduates also attended. Professor Huxley expounded and advocated the doctrine of evolution, illustrating his argument by diagrams of the pearly nautilus and the egg in their gradual process of development. The three objections to evolution were, he said, (1) that it was impossible, (2) that it was immoral, and (3) that it was opposed to the argument of design. In answer, he argued that what was conceivable was possible, and that, further, there was proof of its being possible afforded in numberless instances every day. If it were immoral, what was true was immoral; and with regard to its being opposed to the argument of design, he quoted from the twenty-ninth chapter of Paley, in which he said he first became interested many years ago. His conviction of the truth of the doctrine of evolution was, he said, founded on the personal study of twenty years, having devoted all the time he could beg, borrow, and, he was afraid, steal from other vocations. On the proposal of the Chancellor, the Duke of Devonshire, a vote of thanks was accorded to the lecturer.

THE VALUE OF VARIETY IN DIET.—Variety in human diet is much more than a mere matter of taste; it is a point of high nutritive value, and one which can not be neglected if health is to be preserved. (British Medical Journal.) While authorities are pretty well agreed as to the composition and relative quantities and qualities of the proximate dietetic principles which are necessary for the sustenance of life, experience has shown by clear and numberless proofs, that it is not enough to furnish a man with alimentary substances in scientifically accurate combinations and proportions. Without variety in food, at least in civilized communities, nutrition is sure

sooner or later to fail. To maintain the nutrition of the body in full perfection, it is an absolute necessity that due variety must be introduced into the dietary scale. As Dr. Parkes long ago pointed out, different-substances of the same class must alternately be employed. He wrote: "Sameness cloy; and with variety more food is taken and a larger amount of nutriment is introduced." Carried to a certain point, uniformity in diet is good; as, for example, in the hours of feeding and in the characteristic features of the respective meals. In these points, to live by rule tends to preserve the assimilative processes in healthy vigor. But absolute uniformity in the composition of meals is bad, however excellent the dietetic substances employed. Nature furnishes us with foods of similar but not of identical compositions in endless variety. The good effects of variety in diet are to be found in its action on primary digestion. Change is grateful to the stomach as well as to the palate, and gives a gentle and natural stimulus to assimilation. Where it is difficult to give any great variety to the composition of meals, much of the good of dietetic change may be secured by giving an artificial variety to foods by a judicious use of the different modes of cooking and dressing meats and dishes suggested by culinary art. The same meat may furnish some of the charm of change according as it is roasted, stewed, or boiled; and the same flour may yield various foods, as it is made into different forms of bread, cakes, and puddings. In feeding soldiers and the inmates of hospitals, work-houses and jails, the good results of frequent dietetic changes have been incontrovertibly demonstrated. With respect to the value of variety of food, as in so many other important sanitary questions, children furnish us with delicate tests. It has been shown over and over again that a great improvement in the health of schools coincides with the maintenance of a various as well as a liberal *cuisine*. In increased attention to securing variety in the kinds of cooking of food for the young has often been found the correction of bad health in the inmates of seminaries.

AN ITALIAN HOTEL-KEEPER'S ENGLISH.—The proprietor of the Hotel de Bellevue at Pompeii, as a means of attracting English custom to his house, has issued an advertisement couched in the following extraordinary terms: "That hotel open since a few days is renowned for cleanness of apart-



ments and linen, for exactness of service and for excellence of the true French cookery. Being situated at proximity with regeneration, it will be propitious to receive families whatever which shall desire to reside alternately into this town to visit the monuments newly found and to breathe thither the salubrity of the air. The establishment will avail to all the travelers visitors of that sepult city, and to the visitors (willing to draw antiquities) a great disorder and expensive contour of the Iron-whay. People will find equally thither complete assortment of strange wines, and of the kingdom, hotel and cold baths, stables and coach-houses, the whole with very moderate prices. Now all the application and endeavors of the host will tend always to correspond to the taste and desires of their customers, which will acquire without doubt to him into that town the reputation whom he is ambitious."—*The Caterer, London.*

IVY AND DAMPNES.—Who does not remember the town-loving old lady who expressed her horror of a country life, "because the ivy made all the houses damp?" The old lady did but express the common idea upon the subject; but it is a very erroneous idea, nevertheless. The attachment of ivy to walls, so far from injuring them and causing dampness, is an advantage. If the walls are dry when the ivy is planted, it will keep them so. If damp, as the plant overspreads their surface, the dampness will disappear. Where dampness prevails, ivy sucks out the moisture, and its thick foliage will prevent the access of rain to the structure; and thus it is not only a remover but a preventive of dampness. The only danger attending the planting of ivy on buildings is where fissures occur in the walls, in which case the shoots and roots will enter, and, if left undisturbed, their growth will soon begin to tell upon the building, and will, by increase of growth, push against the sides of the opening, thereby enlarging it, and eventually so weaken the wall as cause it to fall. Where the wall is sound there is no such danger, for the plant does not make fissures, although quick to discover them.—*Exchange.*

IS THE SPLEEN NECESSARY FOR LIFE?—Prof. Schuethauer, of Pesth, reports in the *St. Petersburg Med. Wochenschrift* the post mortem upon a woman, aged seventy-one where no spleen was found and had never existed.

HER Royal Highness, Princess Christian of Schleswig-Holstein (Princess Helen of England), has taken a course of lectures in the Kensington Center Institution, and, passing the examination, she received her diploma as a "nurse." She is the same who translated into the English language the work of her brother-in-law, Professor Romarch, at Kiel, which he wrote for the first instruction in accidents.—*Chicago Medical Journal and Examiner.*

THE well-known "vegetarian" Wagner, at Basle, died from cancer of the stomach. He taught total abstinence from meat, and he lived only on vegetables. He called his way of living the "long-life" way, but he was only forty-three years of age when he died.—*Ibid.*

CHEAP WATER-FILTER.—Very many families desire some inexpensive device for filtering rain and other waters to be used for cooking and table use. A cheap and very efficient filter may be made by using a spirit or wine cask, placing it on end, with the head removed, and having a faucet at the bottom to draw off the clear water. To fit it for a filter, take the removed top head of the cask, and with a small bit bore holes all over it, then place four clean bricks or or blocks of wood on the bottom and on these rest the perforated top. Now fill upon it about four inches of charcoal chopped into small bits the size of peas, and over this place a layer of clean sand, six inches deep. Impure water poured into the cask on top of the sand will become clear and sparkling after a little while, or as soon as all fine particles are worked out of the charcoal and sand. This filter will not need renewing oftener than once in two or three months.—*Popular Science News.*

THE Central Kentucky Medical Association will convene at Harrodsburg on the 18th inst. This excellent organization continuous to elicit the activity of its membership, and the proceedings are always interesting and instructive.

MALARIA IN FLOWER-POTS.—Tending to corroborate the idea that malaria is caused by any vegetable decomposition is the case reported by Dr. Eichwald, of St. Petersburg, of a lady who lived constantly in a room filled with flowers in pots, and who thus acquired an intermittent fever with symptoms of true malaria.



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L. S. McMURTRY, A.M., M.D., - - - } Editors.

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## THE DOCTOR'S VACATION.

The season is now upon us when the toilers in every branch of human industry long for rest and the recreation of summer sports. The vacation system has become one of the established customs of American life with a certain class of the population, but the great mass of every community moves on in its accustomed pursuits. The wealthy, the fashionable, and the well-to-do, almost without exception, seek pleasure and fashion, rest and recreation, at the various watering-places and mountain resorts. The lawyer sees the courts adjourn and betakes himself to the quietude of some shady nook, where he can rest mind and body. The parson drops out of his round of duties, and relieves his nervous system of the strain of pastoral work. The professor enjoys the interval between terms by the ocean, the lake-side, or in the mountains; while the business man seeks relief from mental strain and effort amid the woods and on the stream.

The instances are comparatively few, however, in which the practitioner of medicine can, without detriment to his interests, secure an intermission of the usual daily rounds of professional labor. The reign of the dog-star secures no immunity to mortals from the ills that flesh is heir to. Women continue to bear children, and the almost

universal complaint of childhood adds to the long list of gastro-intestinal disorders, which at this season multiply the physician's cares with oft-repeated calls. From the very nature of the physician's calling, a vacation is more a necessity than with any of the other classes of constant hardworkers. No one knows better than the practitioner of medicine the beneficial effects of a holiday for brain-workers and all that large class of individuals who lead a routine life. That such a remedy is so often prescribed, instead of palpable medicines, is a mark of the great advance in modern medical science.

Yet, as well as he knows its advantages, it is comparatively seldom that one of the great body of family practitioners indulges himself with a vacation. There is always some important case that he must look after, and the season passes before the convenient time is found. What he would prescribe for others under similar circumstances he denies himself; thus illustrating the verity of the adage (though in a different manner from the common application), that physicians do not take their own medicines.

The question for consideration is as to whether it is after all a true economy to work on until a season of rest becomes an absolute necessity. It is well known that mental vigor and bodily health are maintained only by timely rest. In the end the true economy of time is to secure seasonable intervals of relief from work and responsibility. The vacation-cure is not only a valuable remedy, but it is equally potent as a preventive measure. While the doctor is recommending it to others, he should see to it that he receives an annual dose himself.

## A PLEA FOR THE INNOCENTS.

The summer is well upon us, and the time of hot days and close nights is at hand. The great sufferers during this season are the little ones. All the heat-producing agencies in young children are in such



activity that a pyrexia is easily induced. Local functional derangements are in consequence frequent. A feverish child is particularly susceptible to morbid impressions and to the irritation of unsuitable food. It is generally conceded that cold and heat are two great factors in disease. While instinct guides the mother in protection against one, reason seems wanting to provide against the other. It is nature which prompts the little feet to kick off the cover by night, and urges them to seek the open air by day. It is a judicious physician who directs the mother accordingly. Flannel wraps and swathing-bands should be laid aside and thin muslin adopted. The open air by day and good ventilation at night. With those wee folk brought up by hand now is the time to look to the purity and preservation of the milk with all its sweetness. The bath should never be neglected, and as the thermometer rises let the clothing be reduced to a minimum.

Preventive medicine has no more productive field than that here offered. The intestinal disorders of this period of life, which during the heated term run up the lines of infant mortality, are more readily prevented than cured. We appeal to our brethren during these midsummer days to promote by their counsels the observance of these hygienic laws in advance so that the exhibition of the traditional dose of calomel and Dover's powder may be long deferred.

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### OUR SIXTEENTH VOLUME.

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With this number we enter upon our sixteenth volume. Our readers will bear in mind that with each volume they now receive over a hundred pages more of reading matter than in former volumes, and that too without any additional cost to subscribers. The improvements made in the journal at the beginning of the current year will be continued, and the editors and publishers will spare no pains to maintain and advance the standard attained. For the many assurances of approval received we are deeply

grateful, and we bespeak the continued support of the profession whose organ we aim to be. A considerable number of our subscribers are in arrears for subscriptions. A statement of this indebtedness is now being made out and forwarded to each one. To the subscriber this amount is small, whereas to us it aggregates a very considerable sum. We doubt if any investment pays a physician so well as the amount invested in a medical journal, which weekly lays before him the most recent improvements in medical science and practice. Hence we feel that this claim deserves prompt recognition. Such recognition we ask.

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### LAWSON TAIT ON FALLOPIAN TUBES.

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Mr. Lawson Tait, of Birmingham, has attained such distinction in the field of abdominal surgery by means of his bold, original, and successful operations, that his peculiar views upon abdominal pathology are worthy of attention. The doctrines which he enunciates in his recent Hasting's Essay on the Pathology and Treatment of Diseases of the Ovaries are indeed novel and important. The brilliant results which he claims are attested by living and restored patients and pathological specimens, so that the most incredulous must concede his right to a hearing. Probably the most novel and original features of his pathology and practice relate to the fallopian tubes.

Inflammation of the tubes plays an important part in his pathology. Destruction of the epithelium lining the tubes he regards as a frequent cause of sterility and tubal pregnancy. He denies that conception occurs as a rule before the ovum reaches the uterus, and claims that the ciliated lining being injured the ovum is thereby detained and developed in the tube. He regards occlusion of both ends of the tubes as the most serious lesion of these organs, which is characterized by intense pain during menstruation and metrorrhagia. He thus describes the physical signs of this condition:



Distinct fluctuation can often be felt, and their peculiar sausage-like shape has frequently enabled me to diagnose correctly the condition previous to the operation.

No treatment whatever relieves these cases, save removal of the uterine appendages.

Most of my cases had been in the hands of some of our most eminent specialists before they came to me, and an infinite variety of treatments, both by drug and operation, had been used fruitlessly. They had all been treated by pessaries, and many of them had had their cervical canals dilated and cut.

The operation which he practices in these cases is that of removal of the uterine appendages by abdominal section. Entire ablation of both ovaries and both fallopian tubes is performed. Mr. Tait declares that in these cases the evidences of severe pelvic inflammation are always to be found. The reader will observe that this operation is an extension of the operation of our distinguished countryman, Dr. Robert Battey, of Georgia, and is directed toward the relief of similar symptoms. Mr. Tait thus summarizes the results of his operations:

All my patients, twenty-two in number, have recovered, and of those in which a sufficient time has elapsed since the operation I can say confidently that they are all completely cured.

So far as we are aware the operation has not been practiced by any other surgeon.

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## Bibliography.

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**The Microscope and its Revelations.**—By WILLIAM B. CARPENTER, C.B., M.D., F.R.S., etc. Illustrated by twenty-six plates and five hundred wood-cuts. Two volumes; sixth edition. New York: Wm. Wood & Co. 1883.

These two volumes constitute the April and May numbers of Wood's Library of Standard Medical Authors. In a former notice we called attention to the excellent selection offered the profession in the series for 1883. The profession seems fully alive to the merits of this library, which for several years past has furnished twelve choice and valuable publications for a very low price. The series for 1883 surpasses that of any previous year in practical value and in the excellence of the publisher's work.

This work of Dr. Carpenter has been so long before the profession, and has been

so universally adopted by physicians and naturalists, that a detailed notice is rendered unnecessary. It is only to be said that this, the sixth edition, lays before the reader the most complete exposition of the microscope, its construction, manipulation, and its revelations. Indeed, it has by continued revision at the author's hands been rendered complete, and the most improved methods and principles of microscopy are presented by a master of the science. Placing this excellent work in the reach of a large number of the profession can not but be most serviceable in promoting the study of this important line of investigation.

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**Therapeutic Hand-book of the United States Pharmacopeia**; being a condensed Statement of the Physiological and Toxic Action, Medicinal value, Methods of Administration and Doses of the Drugs and Preparations in the Latest Editions of the U. S. Pharmacopeia. By ROBERT T. EDES, A.B., M.D., (Harvard) Fellow of the Massachusetts Medical Society, etc. 397 pages. New York: William Wood & Co.

The object and purposes of this treatise on *Materia Medica* and *Therapeutics* is so explicitly stated in the above title that the reader will at once appreciate its scope and its purposes. The *Pharmacopeia* is of necessity so comprehensive that for the individual practitioner only a limited portion is practically useful. It is the endeavor of the author of this work to make a concise hand-book of therapeutics, based upon the last edition of the *pharmacopeia*. He has wisely suggested, in connection with the various therapeutic articles, principles of treatment instead of enumerating the diseases in which each drug is used. We can not but express our admiration of the thorough and able exposition of the therapeutic uses of some of the most important articles. We will mention iodine, mercury, iron, and bromide of potassium, as instances in which he has displayed this admirable method of treating the subjects under consideration. To physicians who desire a work of ready reference containing the latest words on the articles of the *materia medica*, we commend this work.

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THE NEW ORLEANS AUXILIARY SANITARY ASSOCIATION'S REPORT ON SMALLPOX AND VACCINATION. Prepared for the Association by Stanford E. Chaillé, M. D. New Orleans June, 1883.



## Selections.

**MALARIA IN CHILDREN.**—The symptoms of malarial poisoning in children are very masked, and, indeed malarial affections as they relate to children have received but little attention, comparatively. (Medical Age). The most positive knowledge we have on the subject is of a negative character. We know that the child does not shake in the cold stage of fever and ague. Dr. L. Emmett Holt reported, at a recent meeting of the New York County Medical Society, an analysis of one hundred and eighty-four cases of malaria in children as presenting at the Northwestern Dispensary of New York City, the analysis having especial reference to symptomatology. He found that in abrupt cases there is frequently vomiting, drowsiness, prostration, fever, severe pain in the epigastrium, etc., and on examination there will be found enlargement of the spleen and often tenderness over the hepatic region. In cases commencing less abruptly there is usually headache, generally frontal, muscular weakness, anorexia, constipation or diarrhea, pallor of the face, a dark line under the eyes, nausea with occasional vomiting; tongue heavily furred, epigastric pain, and the patient hot and chilly by spells. Periodicity is not the reliable guide that it is in adults. In nearly all the cases observed the age was under eight years. Fever was one of the most important and constant symptoms. It varied as in the adult, and ranged itself under one of three heads: first, the temperature might be quite high at the onset and remain so for twenty-four, forty-eight, or seventy-two hours, then resuming a remittent type; second, the rise might at first be slight, gradually increasing in intensity, showing less periodicity and finally becoming continuous but not exceeding  $103^{\circ}$ ; third, the fever might be distinctly intermittent or remittent from the beginning. The usual range of temperature is between  $101^{\circ}$  and  $103^{\circ}$ , very seldom reaching  $106^{\circ}$ , and never (in Dr. Holt's opinion) reaching those excessive degrees which it is the general impression that it sometimes attains. Sweating occurred in twenty-five per cent of the cases, and was more constant than the cold stage. Convulsions occurred in four cases and recurred in two, all terminating favorably. Pain in the epigastrium was present in the majority of the cases, less frequently in the splenic and hepatic regions. In

many cases vomiting occurred at the onset. In six cases there was incontinence of urine, and in six painful micturition, and in a less number retention. No single symptom can be relied on in children, the most important one, however, being enlargement of the spleen. The disease with which malaria is most apt to be confounded, in children, is typhoid fever. The temperature affords the only guide to differential diagnosis. When this is normal in the morning, after the third day, the affection is not typhoid.

In the discussion following the report, and participated in by Drs. J. Lewis Smith, John C. Peters and others, the correctness of the analysis was supported by the conformity of the results with those observed by the speakers. Dr. Smith was of the opinion that if the symptoms run on in spite of the free use of quinine they indicate typhoid rather than malaria. Dr. Peters had seen cases of remittent fever in children, and clearly traceable to sewer-gas, in which there was distinct intermittency.

**CASE OF PERSISTENT HICCUGH — NECROPSY—REMARKS.**—under the care of Dr. Stevenson. (Lancet, June 16th.)

Timothy F. B., aged forty-four, a stone-mason, was admitted on May 19, 1881, suffering from hiccough and pain in the lower part of the back and loins. The family history was good generally; but both parents died at the age of fifty-seven, the father being said to have died of "debility and wasting." About fifteen years before admission the patient had some acute urinary complaint; two years before had erysipelas of the face after being exposed to the cold and wet. During the intervals, and until three weeks before admission, he had enjoyed good health, except that he had been losing weight. About April 28th he was seized with a pain in the lumbar region of the spine. The pain gradually spread round to the loins and epigastrium, so that he had to give up work on May 11th. On the 14th he began to be troubled with hiccough; the urine became scanty and thick. After admission the patient lay in bed on his right side and hiccoughed with scarcely an intermission. His complexion was pale; skin moist; temperature normal. The thorax, on examination, presented no abnormality. The pulse was eighty, firm and regular; tongue white and moist; abdomen distended and tympanitic; liver dullness normal. There was considerable tenderness over all the abdomen, but more particularly over the



iliac regions. The bowels had been confined since the 14th. Bismuth and hydrocyanic acid and soda-water and ice were given internally. Turpentine stupes were applied over the abdomen, and an enema with an ounce of castor-oil was administered.

May 20th: Hiccough much diminished, and abdominal distension still considerable. 21st: A drop of croton oil with castor-oil in the evening. Slight fits of hiccough only at intervals. Abdominal tenderness is nearly gone. 27th: Has had occasional attacks of hiccough. Still some tenderness in abdomen, and pain in the back.

June 7th: He has been pretty free from the hiccough, but the pain in the back is worse, and there is still some abdominal tenderness. The patient was, at his own request, discharged on the 9th. Before leaving he was anesthetized, and his abdomen was thoroughly explored, but without anything abnormal being observed.

The patient was readmitted on September 12th. He had been in the interval an in-patient at another hospital, and now brought with him a medical certificate stating that he had aneurism of the abdominal aorta. He was much emaciated, his countenance had a very anxious expression, and he had considerable abdominal tenderness and pain in the back. On pressing on the epigastrium, midway between the xiphoid cartilage and umbilicus over the region of the aorta, a pulsation was distinctly felt. During the following week he became much weaker; the arms and hands were in a state of tremor, and the breath was observed to be fetid. On the 21st he was attacked during the night with hiccough, and his voice was partly gone. Hiccough was more or less continuous, even during sleep, till the 26th, when there was some amount of tympanites. Trembling of the hands was very violent, but could be controlled. On the 25th he was slightly delirious. The hiccough was continuous till the 28th. The temperature was normal, pulse regular. On the 29th, after the administration of a purgative and fifteen drops of rectified spirits of turpentine, the hiccough was relieved, though on the following day it was as bad as ever, and the patient was delirious through the night. He died next morning, on the 31st.

*Necropsy.* The body was extremely emaciated. Thorax: the pericardium was completely adherent to the heart, and could only be torn off with difficulty. The heart was extremely small; the muscular sub-

stance being soft and friable, but the orifices normal. The upper lobes of the lungs were firmly attached to the chest-walls by old pleuritic adhesions. At the apex of the right lung there was the appearance of a small pus-cavity which had been opened in tearing the lung out. The substance of the lung was fairly crepitant, but was studded all over with hard caseous nodules about the size of peas, some much larger. At the root of each lung, surrounding the bronchus, were large caseous masses, three on the right and two on the left side, about the size of almond nuts. In the abdomen nothing abnormal was observed, excepting that there was little or no fat in the walls or in the omentum. The aorta was quite normal in caliber and substance.

*Remarks.* The first remarkable point in this case is the almost complete absence of physical signs, and of symptoms that would tend to reveal the true nature of the case. The absence of the former is sufficiently explained by the condition of the lungs as they were seen at the dissection. While there was quite enough healthy lung-tissue to carry on the respiratory function, the small caseous nodules scattered all over would scarcely be recognized by any physical examination. Indeed, we can scarcely consider the condition of the lungs to have been the immediate cause of death. The emaciation came on only at a late stage of the disease, so that we may justly consider the hiccough, which was so prominent and persistent a symptom in the case as it came under observation, was intimately connected with the fatal termination; must, indeed, by its exhaustive effects on the patient have been the immediate cause of death; and we also consider that the unusual presence of the large caseous masses at the root of each lung, by implicating either the phrenic nerve in front or vagus behind, may have in some way produced this most unusual symptom of hiccough. It is also noteworthy that the only remedy (and many were tried) that had any effect at all on the hiccough was a strong purgative.

**INTRA-UTERINE VACCINATION.**—Doctor Truzzi (*Centralblatt für Gynäkologie*) vaccinated a number of pregnant women during the last three months of gestation, with a view to determine the protection, if any, afforded to the child. The results were negative, as the children were all successfully vaccinated a few days after birth.—*Obstetric Gazette.*



**HEPATIC ABSCESS.**—It would seem that abscess of the liver may be considered as somewhat more common than is ordinarily supposed, and that our attention should, therefore, be more frequently directed in this channel, when we have to do with vague, ill-defined and marked symptoms of hepatic derangement. (Medical and Surgical Reporter.) An accurate diagnosis from physical signs is by no means an easy task, but happily we have in the exploring-needle a crucial test, when we otherwise have good reason to apprehend purulent accumulation. Dr. Joseph Fayrer recently read a valuable paper on the subject of "Abscess of the Liver" before the Medical Society of London. He traces a causative relation in many cases between dysentery and hepatic abscess, the absorption of pus or septic matter from the ulcerated bowel acting as the cause, and he advocates exploration to ascertain the presence of pus, early evacuation whenever it can be got at, and early and free opening; drainage and antiseptic dressing whenever practicable.

In the discussion which followed the reading of the paper, Surgeon-General Hunter drew the following pen-picture of the disease: "The man has had malaria, or lived intemperately, or both. He gets out of condition, loses flesh, has 'hepatic' dyspepsia; then a localized swelling over the liver is noticed, and, if contracted, it will burst in one or other direction." He also advises the exploratory puncture, and recommends free opening with antiseptic drainage.

**MALARIAL PSEUDO-EPILEPSY.**—In the Medical Times, May 19, 1883, Dr. H. C. Wood relates a case of attacks of convulsions and unconsciousness somewhat resembling, though in many respects differing from, epileptic seizures. The patient had been subjected to malarial influences, and had unavailingly consumed large quantities of quinine. He was given twenty-five grains of quinine daily, tincture of the chloride of iron and arsenic with chloral at night, under which treatment he rapidly recovered.

**MISSED LABOR.**—Mr. Erskine Stewart reports two cases of missed labor in the British Medical Journal. In one the pregnancy lasted three hundred and twenty-three days, or nearly eleven months; the other, several weeks after the pregnant period. In the first the placenta was putrid, but the child

was born apparently healthy, and died soon after birth. In the second case labor was induced, when the child cried lustily, but died about fifteen minutes afterward. The skin was pale and pasty looking, and soon desquamated. The anterior fontanelle nearly closed. The child looked old.

**OBSTETRIC PROGRESS.**—In a discussion by the Obstetrical Society of Washington on the induction of premature labor, one of the speakers remarked that he had heard a professor of obstetrics tell his class that he "believed the time would come when fashionable women would have their children at any time that suited their convenience during the last four weeks of pregnancy." What will the fossils who used to maintain that there was such a thing as "meddlesome midwifery" say to this?—*Obstetric Gazette*.

**SUTURE** of the musculo-spiral nerve five months after its complete division, with ultimate restoration of its functions, is reported in the Lancet, June 16th, by Mr. T. Holmes.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from June 23, 1883, to June 30, 1883.

*Smart, Charles*, Major and Surgeon, assigned to duty in the office of the Surgeon-General, U. S. Army, and, in addition to his duties in the Surgeon-General's Office, will continue to serve as a member of the National Board of Health. (Par. 8, S. O. 147, A. G. O., June 27, 1883.) *Biart, Victor*, Captain and Assistant Surgeon, assigned to duty as post surgeon at Fort Sisseton, D. T. (Par. 1, S. O. 102, Dept. of Dakota, June 13, 1883.) *Winne, Charles K.*, Captain and Assistant Surgeon, assigned to duty as post surgeon at Fort Winfield Scott, California. (Par. 1, S. O. 69, Dept. of California, June 19, 1883.) *Worthington, James C.*, Captain and Assistant Surgeon, assigned to duty at Cantonment on the Uncompahgre, Colorado. (Par. 4, S. O. 128, Dept. of the Missouri, June 21, 1883.) *Everts, Edward*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Coeur d'Alène, and assigned to duty as post surgeon at Fort Lapwai, Idaho. (S. O. 81, Dept. of the Columbia, June 14, 1883.) *Strong, Norton*, First Lieutenant and Assistant Surgeon, relieved from operations of par. 2, S. O. 42, C. S., Dept. of the Platte, and assigned to duty with Battalion Infantry now on duty between Forts Thornburgh and Bridger, Wyoming. (Par. 2, S. O., Dept. of the Platte, June 21, 1883.) To be assistant surgeons with the rank of captain after five year's service, in accordance with the act of June 23, 1874: Assistant Surgeon Victor Biart, June 6, 1883; Assistant Surgeon William W. Gray, June 6, 1883; Assistant Surgeon Louis Brechemin, June 6, 1883; Assistant Surgeon Louis A. LaGarde, June 6, 1883; Assistant Surgeon Junius L. Powell, June 6, 1883. (A. G. O., June 25, 1883.)



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

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SATURDAY, JULY 14, 1883.

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## Original.

### CHOLERA INFANTUM.

BY R. N. CULBERTSON, M.D.

Any disease serious in its import and of yearly occurrence becomes a subject of much solicitude and interest, and when the time for such visitations approaches, and before the invasion is upon us, it is not only appropriate, but it seems to me to be an incumbent duty upon the physician to give to the subject a careful, elaborate, ample investigation, as well as his earnest thought and consideration. If there are other diseases which may be more frequent in their occurrence, and others again which may be more alarming, more fatal, there are few, if any, which are at once so frequent and invariable in their periodical returns and so fatal as cholera infantum. Therefore, whatever the reader may think of any views advanced, I apprehend there can be no difference of opinion as to the propriety of introducing the subject at this time, for it will at least serve the purpose of calling the attention of the profession to the subject opportunely, and possibly some views, some suggestions from some one or more sources, may be the means of bringing about a better and clearer understanding of the disease which may ultimately lead to practical beneficial results.

Perhaps what has been said may be some argument for audience, if only "for my cause;" if for any other reason may be better determined after this paper has been read. It is unphilosophical, it is unscientific to call mere symptoms a disease. But when certain symptoms happen to be common to one or more comparatively trivial diseases, and to another much more, vastly more serious, it becomes truly unfortunate, for it may be so interpreted as to lead to an er-

roneous conception of the nature and character of the disease and to inappropriate if not to disastrous treatment.

Cholera infantum is in my opinion a very important instance of the latter character. By the authorities, the text-books, that name has been given and applied to *symptoms* so familiar that I need not here recite them. Now these symptoms may be of small significance, being indeed at once the symptoms and the disease, that is, when there may be only gastro-intestinal perversion of function with perhaps more or less irritation superinduced by vicissitudes of weather, teething, or indigestible food. But, on the other hand, these symptoms, or at least this so-called cholera infantum may be, according to these same authorities, in short, by prescription is, and constitutes a most alarming and fatal disease of early infancy. For while there is at *least an implied* want of a clear understanding of the pathology in all cases, yet they are all called cholera infantum mainly, doubtless, because they are attended with vomiting, copious serous discharges from the bowels, and more or less prostration. Now is there any good reason, is there plausibility or propriety in this? What would be thought of the question to call certain cases, simply because they may have concomitant or resultant anasarca, by that or any one and the same name without regard to their antecedents; and yet would it not be very similar, not to say parallel? But, as before intimated, the most serious and practical objection to such unfortunate inconsistent nomenclature is that it is liable to lead to an erroneous conception of the disease. But in this instance even the definition is made to comprehend all these incongruous pathological conditions, and for no better, indeed presumably for the same reason, all being defined and classified as a disease of the digestive system. And we may therefore come more directly to the question, that is,



to the inquiry whether the so-called cholera infantum has been correctly defined—whether with due respect to the opinions of others it is a disease of the digestive system, as classified by perhaps all the text-books; nor is this definition confined to the text-books, or rather it may be said that such definition is almost universally accepted up to this time.

For instance, in the April number of the American Journal of the Medical Sciences, in an article by one of its contributors upon the use of iodine in vomiting, after giving various cases of "gastro-intestinal diseases," the following language is used, "The following and final case of this series was the most serious case of cholera infantum which it had been my misfortune to encounter. Case xiii: Female child, thirteen months old, was brought to me in a state of collapse. It had been treated by a very skillful and successful practitioner before I saw it, but without avail. Stimulation or medication was impracticable, because of the obstinate irritability of the stomach. Food had not been retained since the onset of the disease. I had it aroused somewhat by the application of heat to the surface of the body, and then gave it one half drop of the compound tinct. of iodine every fifteen minutes; at the end of two hours brandy together with lime-water and milk was given in small quantities every five minutes, and rapidly run up. The iodine and heat to the surface being continued, the child rallied rapidly and made a speedy recovery. I treated in all some five hundred cases of gastro-intestinal trouble during the summer, and did not lose a single case." In the next paragraph he says, "I would say, in conclusion, that I have yet found no satisfactory physiological explanation for the undoubted influence iodine in small and frequently repeated doses exercises in the symptom of vomiting." While, as already mentioned, this allusion and quotation is given as an instance wherein recent opinions are in accord with the text-books in considering cholera infantum a disease of the digestive system, a "gastro-intestinal trouble," I have quoted at some length for a purpose which will be disclosed further on.

But to return to the question: Has cholera infantum been correctly defined? In the first place, then, if it be conceded that the first symptoms which attract attention, and perhaps continue for an indefinite time to be the most prominent features, are derangement of the stomach and bowels, it

by no means follows that these symptoms constitute the disease, to say the least, in all instances; and in my opinion they never do in the most serious cases known as cholera infantum or summer complaint. And perhaps there are but few physicians who will not admit that in almost every fatal case, sooner or later, there is *manifest* cerebral trouble. Instead, then, of accepting the theory of the books, it seems to me that the disease in all its phases and in everything appertaining to its causes, symptoms, and results, can be better accounted for by considering it a neurosis, which, like all diseases of that class, may involve either the cerebro-spinal system, or the ganglionic, or no doubt in some instances both, and like most neuroses may be either central, peripheral or reflex. So, while any one of all that variety of diseases known as cholera infantum or summer complaint may be a neurosis, it does not necessarily follow that they are or can be properly called one disease or by the same name, even though they may all be attended with vomiting, diarrhea, and prostration. For example, if teething should be the cause of such a train of reflex symptoms or results, then it would be simply a case of teething or irritation of the gums, and it would be folly to confound or connect the name with any other. Let the fact be recognized, remove the cause by lancing the gums and relieve the child. If the periphera or sentient extremities of the gastro-intestinal nerves be directly irritated, call such a case irritation of the stomach and bowels, as it is—and the palliative and tranquilizing treatment appropriate and competent is obvious. And if the term cholera infantum is to be used to indicate any of these diseases with choleraic symptoms prevalent among children during the summer, let it not be appended to more than one of them, and most appropriately, without doubt, to that class of cases in which there is lesion of the nerve center or centers. To that disease which gives to the cholera infantum of the books all its significance, all its dreaded character, which, as was intimated in the beginning of this paper, demands the best efforts of the profession to elucidate its pathology—and they, by other methods and means, seek the necessary knowledge to accomplish a more satisfactory management of the disease or, if possible, prevent in some degree its prevalence—in such cases, if observed in an advanced stage when there is collapse or even an approximation toward it, there may be but little if any ob-



scurity, and the diagnosis may be readily made; but, if earlier, it may be by no means so patent, for even in some cases of infantile congestion of the brain without choleraic symptoms, it may sometimes require careful discrimination to determine whether there is gastric or cerebral trouble. I apprehend that no small number of physicians when called upon to diagnose their first case of cerebral congestion in the infant, if they have not concluded it to be one of gastric irritation, have at least not been clear as to its being cerebral in the earlier stage, even in cases where there may be nothing to suggest the typical summer complaint. But in the very inception of cholera infantum, the attempt should always be made to detect and correctly interpret all those symptoms, however slight, pointing to the nerve-center origin of the gastro-intestinal symptoms, to determine those cases which may ultimately develop into clearer and more obvious cerebral involvement and collapse. For a while after such developments it may be, as is sometimes done, easy to say the disease has "run into brain disease;" it is a very superficial dodge, a very unworthy resort.

But how are such cases to be recognized at their invasion? In the first place let the physician divest himself of any preconceived or hastily-formed conclusion that the disease, being cholera infantum, is therefore a disease of the digestive system. Rather let him seek to ascertain the proximate cause of these very gastro-intestinal manifestations. For while they may be both symptoms and the disease in some instances, in others they may be *only* symptoms of a central neurosis. Nor are such symptoms of such a disease at all unique. What physician has not observed analogous symptoms from such or similar causes, for instance, the profuse sweating incident to typhoid fever or other continued cases in which the base of the brain becomes involved; and is not the enuresis, the polyuria produced by irritation of the fourth ventricle in vivisection experiments also analogous? But when the heat of summer, to say the least, is recognized as an important factor in the production of the disease, when the profound prostration is noted, and when by careful attention symptoms which intimate spasm and, it may be, more direct indications of brain trouble, such as rolling of eyes and retraction of the head, etc., and after these and all other positive symptoms have been taken into account then, by the

process of exclusion, the case may be made out more clearly. For example, taking a case wherein all the prominent symptoms which have already been referred to as common to all the neuroses with choleraic concomitants, you will at the start consider its importance very much in proportion to the nervous prostration, and especially to the head-symptoms; and then, if you may exclude teething and the presence of indigestible and offending food, in short, the less profound cases you may apprehend, you may diagnose cholera infantum. But it may be said that all this is but an attempt, more or less competent, to differentiate a central neurosis from a disease of the digestive system, and perhaps, further, that the neurosis is simply a congestion of the brain. But, admitting that to be true, it is perhaps not less important to make the distinction. But it must not be forgotten that there is described in the text-books a well-recognized congestion of the brain, wherein, instead of choleraic evacuations from the bowels, the very opposite, or constipation, obtains, and that in cholera infantum, whatever may be the cerebral pathology, these choleraic symptoms are exactly that which characterizes the disease, that they are pathognomonic; and, while it has not yet in this paper been strictly defined, it has been the main and real as well as the ostensible object to show that cholera infantum is a central neurosis, and that the perversion of the gastro-intestinal functionation is only symptomatic and a result instead of the disease.

It would indeed be a great achievement, a consummation much to be desired, could we but discover some means by which at the outset in each particular case it might be determined with unerring certainty what precise part and to what extent the nerve center or centers may be involved. But here before us lies a *terra incognita*, the thorough exploration of which may result in much practical advantage and benefit. It seems highly probable that great advancement may be made in the localization of the nerve centers from which emanate functional manifestation, whether pathological or physiological, and when some original investigator shall demonstrate such discoveries as shall establish the theory that cholera infantum is a disease of the nerve centers, and when the character of the changes which really constitute the disease are better understood, perhaps the means of avoiding as well as of curing the disease may be more satisfac-



tory. But, in the mean time, when clinically diagnosing these cases may it not be well, to give this theory some recognition. Whether fully accepting the theory or not, doubtless cases may present themselves when it may be applied.

It is certainly a desirable thing to know what the disease is and how to arrest or cure it; but it is of the first importance to prevent or avoid it. Then, if one of the prime causes be the heat of summer, should it not be better understood and more fully appreciated that the best prophylactic or preventive is the most obvious, and that is, that perhaps no one thing gives as great security against these attacks upon the little people as simply keeping them cool, which is in full accord with an invariable rule, that it is always wise to make any one, sick or well, as comfortable as possible.

As a preventive then, keep the child during the excessive heat of summer at seasonable hours in the open air in the shade. But it is not only necessary to avoid the heat during the day-time, but let there be at night also ample ventilation. When it is attacked, instead of waiting till the case is in collapse, commence early to relieve the nerve centers, especially the brain; for it is, perhaps, during the early stage only that medication is of much avail. After it has *run* into brain trouble, as is sometimes said, when collapse, if not fully developed is at least imminent, is not the most profitable time to find that there is brain disease to deal with.

It was not intended in this paper to give any detailed mode of treatment, because the practitioner who may be impressed that he has disease of the brain to deal with in these cases will perhaps not greatly differ with other competent men as to its management. But I venture to suggest that, at the very earliest moment, the child be put in a large, well-ventilated, cool, somewhat darkened room; and, although the child may not seem to be disturbed by noise, yet *quiet should be maintained*; the head should be kept cool, and if restlessness or any indication of pain can not be controlled with bromide of potassium, then, instead of resorting to opium or any of its preparations—as would be well enough if *only* the stomach and bowels were implicated—give hyoscyamus to tranquilize and relieve. The iodide of potassium is an old but still an efficacious remedy. And it may here be suggested that the effect of the iodine in vomiting, mentioned by the contributor quoted,

may perhaps be accounted for physiologically by attributing it to its well-known alterative effect in brain diseases. My own observation has led me to a most decided opinion that there is no other single remedy which has been followed by as efficacious results in brain diseases, especially in children, as calomel. In cases where malarial poison may be suspected, indeed, perhaps as a rule in miasmatic districts, it will be well to give quinine, especially if there be any periodicity; but, whether there is or not, quinine may be given as an equalizer of the circulation. Of course, if the patient be in a collapse or a condition approximating it, it may be necessary, as it would be in any case in that condition from whatever cause, to stimulate and support it; and so, also, if the serous discharges from the bowels should become extremely exhausting, it may be necessary to control it, to check its running into such excess as to become a disease, even though it may be admitted to be an effort of the *vis medicatrix nature*.

BRAZIL, IND.

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## Miscellany.

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THE LEGAL STATUS OF THE PROSPECTIVE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—Dr. J. W. Hamilton, of Columbus, O., writes as follows in the Medical Record: "There is a vital point, it seems to me, on which the Board of Trustees of the American Medical Association, to which is intrusted the publication of its journal, failed to give information. If the journal is to assume the place claimed for it, its publication, with all that appertains, involves a very large financial enterprise, such as can only rest securely upon a solid legal basis. So far, if that body is an incorporated one, I have not been able to learn when or where it became such. If it is not, it seems to me the so-called Board of Trustees, consisting of a member from each State, and appointed to start and conduct the journal, has no legal existence whatever; that they utterly lack the power to make the association or its members financially and legally responsible for its acts; and that as such trustees they can neither sue nor be sued. I write for the purpose of calling attention to this matter, fearing we may get into a muddle. Very likely, before the enterprise is on its feet, it will be



found best to have the association incorporated, or to form a joint-stock company, under the statutes of the State in which the business is to be transacted. In such a case it will probably be found that the trustees must live in the county or State where the business is executed, and that a board with a member from each State is not practical. It may be that I am alone as to my ignorance in this matter, but I suspect there are many others who would like information on the subject."

THE Committee of Arrangements of the American Medical Association taxed the Association of American Medical Editors twenty dollars for the use of a room in which to hold their meeting one evening.—*St. Louis Courier of Medicine.*

DEATH FROM A BEE STING.—From time to time we are startled by the news of a death following so closely on the sting of a bee that no reasonable doubt can be entertained of the causal relationship. The occurrence undoubtedly belongs to the chapter of accidents; and an explanation can only be obtained by considering those kinds of things which are of an exceptional nature. (The Lancet.) A sting of an ordinary bee on an ordinary man is perhaps never followed by any thing more than a local reaction. To explain the lethal effect, therefore, we must suppose that the virus of the bee was of an unusual nature, either as a result of admixture from without or as a consequence of some disordered action of the physiological processes of the bee. If the fault do not lie in the insect, then we must turn to the other factors of the resultant effect. There can be no doubt that the injection of the venom directly into a vein is a very dangerous matter; and it is possible that this may be the accidental circumstance so necessary to afford a reasonable explanation. We learn, from the Sheffield and Rotherham Independent, that a farmer, aged fifty-nine, in good health, working in his garden, was stung in the eyelid by a bee; the signs of collapse rapidly set in, and the man died within half an hour. It is worthy of remark that the daughter stated that her father had been twice previously bitten by a bee and was very ill on each occasion.

ACTION OF DRUGS ON SECRETION OF MILK.—Observations recently made by M. Strumpf on the milk of goats as well as on the secretion in the human female during

lactation have, in a measure, supplied this want. (The Lancet.) Iodide of potassium was found to lead to a marked fall in the quantity of the fluid secreted, the proportion of proteid and saccharine principles was increased, while the proportion of fat was diminished. The quantity of iodine secreted was very small, so that the notion that iodide of potassium can be administered to children by way of their nurse is not sustained. Alcohol increased the richness of milk in fats, while the proportion of albuminoids and carbo-hydrates was not modified. Unaltered alcohol was not detected in the milk. Neither alcohol, morphia, nor the preparations of lead had any influence on the quantity of the secretion. Salicylic acid seemed to excite secretion a little; pilocarpine exercised no effect in this direction. The richness of the milk in sugar was increased by salicylic acid, which passes out of the milk-secretion in greater quantities in the human female than in the herbivora. Traces of lead were also recognizable in the milk of those subjects who were ingesting the preparations of lead.

CHURCH BELLS.—A sensible writer in the Lancet says: I contend that if people want to go to church they can go without being rung for, and, if they do not want to go, the ringing is rather calculated to make them stop their ears and run away, than to make them hasten to the house of prayer. The other day I called on a lady who had recently been confined, and found her in a state of great nervous excitement. She was living near a church, and the bells she said were driving her mad, as they seemed constantly to be ringing, and more on week days even than on Sundays. I myself find that when they have played the Sicilian Mariner's Hymn for about the fiftieth time, or said "We-are-all-mad" for about the two hundredth time, I am also on the verge of insanity. They seem to play people to death, and then to toll, pretending they are sorry for what they have done. That tolling has a most marked depressing effect on the aged, and I see but too clearly how among the sick and nervous it adds new victims to the old. Yet a church in my neighborhood has recently expended a thousand pounds on a new bell of the most torturing description. Would it not, I ask, have been more consistent with Christian charity to have given the money to a most excellent and deserving hospital situated in the same parish?



THE FUNCTIONS OF THE SPLEEN.—There can be no doubt of the value of the spleen in the process of the formation of blood, but it would be difficult indeed to add any thing very novel to what has already been conjectured in this matter. (*The Lancet*.) It has long been decided that the spleen is not an organ absolutely essential to life. Some fresh experiments bearing on the subject of the functions of the spleen have been instituted by Professor Zesas. The spleen was removed from many rabbits, and the animals were afterward killed at intervals varying from one to seventeen weeks. The healthy formation of blood is known to be disturbed for a time after the extirpation of the organ in question; the white corpuscles are increased in number, while the red discs are diminished. Zesas found that the lymphatic and thyroid glands, with, perhaps, the liver, take on the functions of the spleen. He also came to the conclusion that the removal of the thyroid gland, as well as the spleen, prevented the proper re-establishment of normal hemopoiesis. The spleen is therefore believed by Zesas to be concerned in the conversion of the white blood corpuscles into red ones.

THE PARASITIC NATURE OF MALARIA. For some years past M. Laveran has been at work on the subject of malaria. He believes that he has discovered parasitic elements which are no other than the essential causes of these maladies. Three forms of pigmented bodies of minute size are described. We must refer those who desire the particulars of these micro-organisms to the original description in the *Union Médicale* for June 10th and 14th. Suffice it to say that they are not confounded by their author with any natural factor of the blood. Indeed examinations directed to the blood taken from the fingers of individuals not suffering from ague failed to reveal their presence in any case. The evidence of the causal relationship of these minute organisms to the malarial diseases does not rest on any other observation than that of their invariable association. Some blood containing the pigmented elements was injected into the veins of some rabbits, but with entirely negative results.—*The Lancet*.

DR. SPINA, the assistant to Prof. Stricker, at Vienna, whose attack upon Koch's discovery of the bacillus tuberculosis must be fresh in the memory of our readers, has been nominated Professor of General and

Experimental Pathology in the Hungarian Medical Faculty of the University of Prague. The appointment is considered to be a proof that Dr. Spina's researches are recognized as being thorough and exact, and doubtless in his new position he will pursue them more widely.—*The Lancet*.

LARGEST ELECTRIC LIGHT PLANT IN THE WORLD.—Four thousand six hundred Edison incandescent lamps, of sixteen candles each, are to be used in illuminating Louisville's great Southern Exposition, which opens in August. This is the largest undertaking of the kind ever known, and the plant used will be larger than even that at the great London exhibition of electric lights held last year. This exposition building is the largest ever lighted with electricity.

CLEANING CATHETERS.—Mr. John Laurence writes to the *Lancet*: Take a cork of a more conical form than those commonly used, with a hole made through it longitudinally; pass the catheter through the hole, and fix the cork into the tap of an ordinary water-pipe (hot water preferable), and turn on the water. By so doing the force of the water is greatly increased, and the catheter properly cleaned.

CHLORAL was first prepared in 1832 by Liebig, who obtained it by acting with chlorine gas on absolute alcohol. Its name consists of the first syllables of the words chlorine and alcohol, and is a convenient reminder of its composition.

CHLORAL hydrate in many instances when it is long continued produces conjunctivitis. Frequently aching in the bones follows its liberal use. Insomnia is sometimes consequent on its protracted employment, and more or less headache after the chloral-hydrate sleep is off is common. Unconsciousness from chloral-hydrate is sudden; from croton chloral it is sometimes almost instantaneous.

WATER CLOSETS were invented less than three hundred years ago, says the *Medical Times and Gazette*, by Sir John Harrington, of Kelston, near Bath.

[How would a W. C. look on a coat of arms?]

THERE are ten thousand doctors in New York State.



# The Louisville Medical News.

Vol. XVI. SATURDAY, JULY 14, 1883. No. 2.

LUNSFORD P. YANDELL, M.D., - - }  
L. S. McMURTRY, A.M., M.D., - - } Editors.

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## "THE SILLY SEASON."

Very appropriately has this been called the silly season of the year. All over the land the unwise but lucky people who have the necessary gold and silver wings to enable them to fly from the comforts of home are now migrating.

Leaving their pleasant establishments where the sheets are clean and dry and the pillows are soft and elastic; where the bread is light and fresh, and sweet butter and new-laid eggs and rich milk abound; where the tried cook serves crisp vegetables, sound fruit, and choice chops and chickens, and steaks and roasts, delicious and abundant; where space is ample and change from room to room costs only the effort of locomotion; where the parlor and dining-hall are free from flies and din and strange and vulgar people; where baths cost nothing and privacy is secured without effort; where the adults and the adolescents and the innocents may dress or neglect dress as temperature or fancy may suggest; where the trusted family physician in time of need is within call, and the church is closed and the dear pastor is away idling so that no excuse for not going to church is needed; where the daily paper tells of the people and places and things which are familiar and most interesting; where the bibulous

may procure their mint-juleps and sherry-cobblers and cocktails from bar-keepers who know just how to flavor their tipples; where the aquabibs are not afraid of getting lead in their meade and soda-water or of being served with sulphuric-acid lemonade; deserting all these and many other blessings the silly folk go forth to wander and sojourn.

Some hie them to the watering-places on the tops of hot hills, or down in damp valleys where the rooms and beds are bad, the food worse and all the horrors of hotel life are concentrated.

Others journey to the malarious lakesides or seashores or other hostelries where the dormitory and culinary and atmospheric and potatory evils and dangers rival one another in the fullness of their force.

After weeks or months, according to power of endurance and length of purse, the wanderers return to the luxuries of domestic existence, thankful that the season with its privations and its restraints, its toils and its toils, its trials and its tribulations is ended and the restfulness of home is reached.

Unfortunately the vagrant pleasure-seeker does not always leave all his troubles behind. Dyspepsia and intestinal derangements often accompany him home, and typhoid fever is by no means a rare importation from the summer caravansaries. But the children are the greatest sufferers. The moral atmosphere of hotels is notoriously noxious and if the children's tables at these places ever groan, they do so because of the load of culinary abominations they bear, and not from any weight of toothsome and wholesome food. But why preach against a social custom! So long as the leaders of fashion do this thing so long will the herd follow. The foot-loose and purse-full will go their ways despite our good counsel and earnest advice. However, the can't-get-aways will agree with us and may draw some comfort from our words. Hunting and fishing and botanizing and geologizing and boating and riding and pedestrianism



and farm-house life and travel, all in their season are health-giving, but the usual summering here, and abroad as well, it were a mockery to call a recreation, a restoration, a renovation. It is a dissipation of money and often of health.

Home is the healthiest and happiest place for most of us, especially the children; and if the money yearly squandered in these unhappy migrations were expended on our homes, our houses might be converted into health palaces.

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DR. JOHN A. OCTERLONY has been elected, by the trustees of the University of Louisville, Professor of Obstetrics and Diseases of Women and Children in this venerable institution. The University is to be congratulated on the appointment. It would be difficult to find a man better fitted to fill this most honorable and responsible position. Probably no one in the country is more intimately and thoroughly acquainted with the literature of these departments of medicine, and the very large practice enjoyed by Prof. Octerlony for many years and his extended hospital service have made him clinically intimate with the subjects he is called upon to teach.

A man of large brain and of scholarship seldom surpassed in any land; master of many languages, and deeply learned in many branches of knowledge; with ambition earnest, unflagging, indomitable; with a limitless capacity and love for work; in the prime of life and pecuniarily comfortable, Dr. Octerlony combines all the attributes necessary to successful teaching. Dr. Octerlony's reputation as an instructor and writer is surpassed by few members of the profession in the South and West. As a teacher he is plain, painstaking, clear, minute, profound. As a writer he is concise, perspicuous, polished, accurate. Emphatically Prof. Octerlony is the right man in the right place. In his new field of labor he is destined still further to broaden and brighten a reputation already great.

## Bibliography.

**A Practical Treatise on Impotence, Sterility, and Allied Disorders of the Male Sexual Organs.** By S. W. GROSS, A.M., M.D., Professor of the Principles of Surgery and Clinical Surgery, in the Jefferson Medical College of Philadelphia, etc. Second edition, thoroughly revised, with sixteen illustrations. Philadelphia: Henry C. Lea's Son, & Co. 1883. Pp. 176.

Several years since the younger Gross prepared the first edition of this work, which has been regarded by the profession with growing favor. We learn that a large edition has been exhausted, and also that it has received the highest recognition abroad, having been translated into the Russian language. Dr. Gross has for a number of years manifested great interest in the surgery of the genito-urinary organs, and has availed himself of every facility for informing himself upon this branch of surgical science. Upon several subjects he has adopted views which have not been hitherto generally accepted. Among these views is his claim that impotence and spermatorrhea are not functional diseases of the testicles, but depend upon reflex disturbances of the genito-spinal center, and are almost invariably induced by lesions of the prostatic urethra. The author claims that the presumption that the woman is at fault in unfruitful marriages is altogether unauthorized by clinical investigation, and that in at least one instance in six the man is impotent. The work is based on thorough research and ripe experience; and, in this second edition, is the most exhaustive practical treatise on these subjects within the reach of practitioners. The text abounds in illustrative cases, and the subjects are treated in the most practical manner. It is almost needless to add that the publishers have issued the work in admirable typography. The illustrations are worthy of special mention on account of their exceptional elegance.

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PETITION IN BEHALF OF STATE MEDICINE TO THE GENERAL ASSEMBLY OF THE STATE OF LOUISIANA, by the Louisiana State Medical Society, Orleans Parish Medical Society, and the New Orleans Medical and Surgical Association. New Orleans. 1883. Received through Prof. Stanford E. Chaillé, M. D.

MINUTES OF THE TWENTY-EIGHTH ANNUAL MEETING OF THE KENTUCKY STATE MEDICAL SOCIETY. Session of 1883. Louisville, Ky.



## Correspondence.

### PARIS LETTER.

*Editors Louisville Medical News:*

Since the writings of Bright, who was the first to elucidate the connection that exists between the lesions in the kidneys and albuminuria and dropsy in the affection that bears his name, we have been accustomed to regard the latter morbid conditions as the consequences of the former, and we are informed that the Fellows of the Royal College of Physicians of London had decided by their provisional nomenclature report that all kidney diseases which are productive of albuminuria shall be classed together under the head of "Bright's disease," but it would appear, according to Professor Semmola, of Naples, that this view of the pathology of the affection is no longer tenable, that the disease known as Bright's disease is not, strictly speaking, a disease of the kidneys but a general affection depending on some disturbance in the functions of nutrition, and that the kidney lesions are the consequences and not the cause of albuminuria. About twenty-two years ago Professor Semmola read a paper at the Academy of Medicine of Paris, in which he endeavored to show as the result of his experiments that the quality of the albumen found in albuminuria may serve as a means of diagnosis between idiopathic and symptomatic albuminuria. Subsequent researches only tended to strengthen his views, and at a recent meeting of the Academy he further developed the subject, and stated that there was a distinct difference between the albuminuria of Bright's disease and what he calls simple albuminuria, that which occurs in pregnancy for example. Another characteristic feature is that, whereas in simple albuminuria the urine alone contains albumen, in Bright's disease this substance is to be found in all the secretions, such as the bile, the saliva, the perspiration, the blood, which in their normal condition do not contain albumen in its elementary form. The explanation given of the mechanism of Bright's disease is, the balance of the nutritive function being disturbed by some cause or other, the substances above-named are no longer assimilable, and they are then eliminated as foreign bodies by all the emunctories of the economy of which the kidneys form part. The latter in their turn become diseased in the same way as they might be affected by the excretion of an

abnormal quantity of uric acid. To give a practical illustration of his theory, Professor Semmola performed a series of experiments on animals which he rendered albuminuric, not by producing disease of the kidneys as is generally done, but by introducing albumen into the blood by injecting it hypodermically in the form of white of egg, albumino-peptones, the serum of blood, milk. He then killed the animals at periods varying from twenty-four hours to twenty-five days, and on examination after death he found that the kidney lesions were less pronounced in proportion as the albuminoid substance employed approached more to the composition of that contained normally in the blood. He thus produced different degrees of albuminuria, and the conclusion arrived at was that the subject should be studied more clinically and chemically than has been done, the anatomical lesions having hitherto too exclusively absorbed the attention of pathologists. This new view of an old malady seemed to have been accepted by the Academy, at any rate for the present, as the author was much applauded and no discussion followed.

Dr. Aubert, of Lyons, lately forwarded a paper to the Biological Society of Paris on the Advantages of Combining Atropine with Morphia in Hypodermic Injections, in the following circumstances: (1) In all cases where injections of morphia are indicated, the analgesic action of the morphia being then considerably increased by the addition of atropine; (2) As an adjuvant to the anesthesia produced by chloroform or ether. The nauseating effects of the substances are at the same time suppressed, which by the efforts of expectoration may in syphilitic subjects be attended with great danger to the surgeon or to his assistants; (3) The tolerance of the morphia is so increased by its association with atropine that it could be administered even a few minutes after a meal without any fear of the supervention of vomiting. In the discussion that followed M. Poncet observed that all the means which tend to palliate the inconveniences of chloroformization have the effect of prolonging to a dangerous degree the anesthetic sleep which he considers undesirable, as it is preferable for the subjects operated on to recover their senses as soon as possible. Dr. Brown-Séquard then remarked that the employment of atropine has precisely for effect the diminution of the soporific action of morphia.

From a recent debate at the "*Société de*



*Thérapeutique*" on the Treatment of Locomotor-ataxy or Tabes Dorsalis, it may be gathered that the disease was considered by most of the members present to be, in the majority of cases, of syphilitic origin. Dr. Dally found, among one hundred men suffering from the disease, that in at least eighty it was due to syphilis. Dr. Fournier, the well-known syphilographer, declared that the proportion given by Dr. Dally was by no means exaggerated. He thought that it was even higher, and the inference to be drawn was that the specific treatment should be instituted in a larger proportion of cases of this malady than at present obtains in general practice.

At the last meeting of the Academy of Medicine Professor Ball was, by a large majority, elected member in the section of Medical Pathology. \* \*

PARIS, June 22, 1883.

[Prof. Ball, of the College of France, is an Englishman, born in Naples, and resident in Paris. He is possessed of a high order of intellect, and socially is as charming as a thoroughbred John Bull.]

## EXCISION OF THE KNEE JOINT.

*Editors Louisville Medical News :*

I venture to send you a report of a resection of the knee joint performed by myself.

On October 10, 1881, I was called to see G. S., who had been shot the day before. On examination, I found a bullet wound an inch above the inner condyle of the right femur, a little to the left of the tendon of the four-headed extensor muscle, blood and synovial fluid oozing out of it.

The history of the accident revealed that the patient had been lying on a bench on his left side with his legs slightly flexed, when a companion shot him. The weapon was a Colt's pistol, carrying a No. 1 buckshot. He at once got up, but could not stand on his right foot, feeling a sharp burning pain in the knee joint; got to Dexter to consult a physician, but the doctor could not find the bullet and considered the wound slight. He then came down here, eighteen miles, to his family and consulted me. I at once considered the case a serious one; synovitis had set in, and, taking a Nelaton probe, I found that the bullet had passed downward, backward, and outward through the external condyle; piercing the synovial sac, it had lodged in the head of the tibia. Satisfied with this

examination, I consulted with Drs. Mayes and Crawford about the propriety of excision of the knee joint, the patient being a fine robust subject.

We examined him again in the afternoon, and found the swelling of the joint increasing rapidly, the patient suffering violently. I told him the necessity of the operation, and the possible good results of the resection, and he readily consented, preferring it to losing his limb. The day having too far advanced I had to put the operation off till the next morning, ordered ice applications to the joint, and gave opiates to allay pain.

It may be interesting to state here that the patient was lying in a low log house with no floor or ceiling, on a miserable straw bed, the house having large cracks, no windows, but two doors, a fire-place built of dirt, on which his people did the cooking. Size of house about sixteen by twenty feet, composed of one room and occupied by six persons besides himself.

On October 11th, I performed the excision, with the assistance of Drs. Mayes and Crawford, forty-eight hours after the injury. The patient being chloroformed, I inserted a Nelaton probe into the wound as a guide for the bullet, and then inserted the knife an inch above the wound and carried it across the upper part of the leg in a curved line (U horse-shoe-shaped) below the patella and backward to a point over the external hamstring tendon. Holding my index finger and thumb as a guide, I made the external angle of the cut about two inches lower than the internal one, to facilitate drainage. Then I raised the flap, carefully divided the ligaments, found the bullet in the tibia, slightly imbedded, separated the soft parts and turned them out and sawed off the bones at right angles, about one and a quarter inches from the condyles, right above the entrance of the bullet, and about a half inch from the tibia. The patella being intact, I cleansed the wound thoroughly, put the bones in perfect apposition, and closed the wound by a carbolized catgut suture, leaving a drainage-tube in the lower edge of the wound. There was very little hemorrhage, and no ligatures were required.

The dressing was a little different from the ordinary methods. The limb was enveloped in a plaster dressing, so applied that the plaster did not meet posteriorly or in front. Two pieces of stout muslin cut to fit the limb as high as the gluteo-femoral



crease were united by means of a seam running through the middle from one to the other. Small eyelets were inserted into the borders, and a long cord passed through these so that it could be laced in front, after the plaster had been placed between the pieces, precisely as a lady's corset; strips of flannel were interposed between the plaster and skin throughout. The limb thus dressed was placed in a light wooden box, with hinges on one side, arranged for suspension. An opening was made through the plaster over the external angle of incision to permit free escape of discharge, and then suspended from a joist by a cord and pulley.

The advantages of this dressing were obvious, in that it permitted the patient to change his position in bed as often as desired, or even sit up in bed at pleasure without detriment to the part, and enabled the nurse to remove the dressing with ease and safety. The operation and dressing required just forty minutes. Patient rallied well. I left him some opiates, directed stimulants, but he did not use much of either; ordered the best diet. I doubt if he got anything other than corn-bread, bacon, and coffee without milk, as his own people neglected him fearfully, and I had great difficulty in obtaining ordinary cleanliness.

The patient made a speedy and uninterrupted recovery; his limb was occasionally exposed, sponged gently with a moist sponge, and at the end of the tenth week the dressings were removed. He soon walked about on crutches, then with a cane, and finally without any artificial support. In six months he was able to walk three or four miles without much fatigue, and can now do any kind of labor. The shortening of the limb is one and three fourths inches. It is perfectly straight and greatly preferable to any artificial one, however perfect.

He underwent a far more dangerous operation than amputation, and had it not been for the great tenacity of life in this case and good health, he might have died; but any objection to excision in this case may be overthrown by the happy result, and I am sure if the operation should be performed on properly selected subjects, it would give as good results with reference to life as amputation of the thigh.

E. VON QUAST, M.D.

## Selections.

METRIA.—Dr. Atthill read a paper on Metria (so-called puerperal fever), to the Academy of Medicine in Ireland, Feb. 23d. He commenced by saying that our knowledge of the various affections included by the Registrar-General under the term metria, still far from perfect, had of late been steadily increasing. It was now all but universally conceded: (1) That there is no such single disease as puerperal fever properly so-called—that is, a specific disease in the same sense as scarlatina or smallpox; (2) that inoculation and absorption of septic matter conveyed from without formed a not infrequent cause of one form of metria—viz., puerperal septicemia; (3) puerperæ frequently become self-inoculated by poisonous material generated within their own bodies, either by the decomposition of retained clots or shreds of membranes or placenta, the resulting fever being by some called puerperal sapremia in contradistinction to septicemia. He held that the septicemic form of metria could only be communicated from one puerpera to another by the actual transfer of the pathogenic matter, either by the hands of an attendant, the nozzle of a syringe, sponges, napkins, etc., but not by the medium of the air. To two points he drew special attention, the frequent occurrence of metria in puerperæ who are preyed upon by remorse or mental distress, and the occasional outbreak of a very fatal, infectious, and essentially epidemic form of metria which he believed could not be due to septic absorption. The influence of remorse and mental distress in predisposing to the disease was well seen in the high mortality attending puerperality in women who had been seduced; and, if such cases were excluded, he thought that the mortality of the Rotunda Hospital would only amount to one half its present rate. Here fretting and a quickened pulse were the earliest symptoms of danger, a severe form of metria manifesting itself after twenty-four hours. These cases of metria were usually due to self-inoculation, the putrid matter finding a ready inlet because of the deficient post-partum contraction of uterus seen in such patients. Occasional outbreaks of an epidemic and very infectious form of metria were also known to occur, the disease spreading widely among the inmates of a hospital. He could not accept Dr. Evory Kennedy's explanation of these outbreaks,

BARON LIEBIG's father did a grocery and drug business at Darmstadt.



as due to the aggregation of puerperæ, nor could he admit their septic origin, since septic material was not communicable through the air. He held rather that these outbreaks occurring simultaneously with epidemics or rather zymotic fevers were really examples of these zymotics, specially modified by the physiological state of puerperal women. The infection of erysipelas could thus induce an attack of infectious metria in a puerperal woman, while, conversely, such a form of metria could impart erysipelas to her offspring. In the same way scarlatina grafted on a puerpera might result in metria, and not in scarlatina. This infectious form of metria tending to assume an epidemic character was therefore to be considered as consisting of specially modified cases of the prevalent zymotic disease. As strengthening this view, Dr. Atthill noticed the fact that in his experience bronchitis or pneumonia occurring in a puerperal patient was likely to be complicated by abdominal symptoms of the same kind as those which were seen in puerperal septic fever. These views he exemplified by a history of such an epidemic of infectious fever occurring in the Rotunda Hospital in August last, and which in the author's opinion, depended for its origin and infectious character upon an imported case of typhus fever in a puerperal patient. The outbreak was completely stamped out by closing and thoroughly disinfecting the hospital for a fortnight. The severe symptoms and rapidly fatal course of this epidemic form of metria differ essentially from the more insidious and less painful progress of puerperal septicemia, on the characteristics of which he dwelt at length, emphasizing the good prognostic import of furred, as opposed to a glazed and cracked, tongue during its progress. Diarrhea, he thought, was in such cases by no means to be considered an unmixed evil. In discussing the treatment of the different forms of metria, he observed that, while all but useless in the epidemic form, it was often of great service in the septicemic cases. He formulated the following conclusions as founded on his experience: (1) That a disease of a highly infectious nature, differing essentially in its symptoms and course from that the result of septic poisoning, and capable of being propagated in the same manner as other zymotic diseases, occurs from time to time among puerperal women; (2) that this disease originates from the introduction into the system of a puerperal woman of the infection of some well-known

zymotic disease, such as erysipelas, scarlatina, typhus, and probably typhoid fever, the action of the infection being modified by the peculiar state of the system and of the blood which exists in puerperal women, and that it therefore develops in them an apparently totally different disease; and (3) that the disease thus originating can be easily stamped out by the same means as are known to be efficacious in ordinary zymotic diseases.—*Lancet*.

**GALIUM APARINE AS A REMEDY FOR CHRONIC ULCERS.**—Dr. F. J. B. Quinlan, F.K.Q.C.P., Physician to St. Vincent's Hospital, Dublin, has treated cases of chronic ulcer with great success, by means of poultices made from "Cleaver's" (*galium aparine*). (*Brit. Med. Jour.*) Respecting a very bad case of senile ulcer, Dr. Quinlan, writes: "We had now come nearly to the end of April, and our failure in this case was complete. It appeared to me that now was the time to try the galium aparine, which was beginning to peep out in all the hedgerows about Dublin. An ample supply for this and other less severe cases has been kept up, and it has been used with the most marked success in the following manner: Grasping in the left hand a bundle of ten or twelve stalks, with a scissors held in the right hand, the bundle is cut into junks about half an inch long. These are thrown into a mortar, and pounded into a paste. This paste, which has an acrid taste and slightly acrid smell, is made up into a large poultice, applied to the ulcer, and secured with a bandage. It is renewed three times a day. Its action appears to be a slight steady stimulant, and it is a powerful promoter of healthy granulation. Its effect in this most unhopeful case was decisive and plain to all. Healthy action ensued, and has since steadily continued; and, after a month of treatment, both ulcers have been reduced to considerably less than half their original size. If this action continue, which I have no reason to doubt, the cure will be accomplished within a measurable and short period. The patient is in the ward, and any one can see the great amount of new dermatization which has been affected during the month." Dr. Quinlan was equally successful in several other cases.

He continues: "A difficulty suggested itself as to its general employment, viz., that in winter and spring it is not to be had at all. It appears to me that this difficulty can be effectually met by the method of ensilage,



by means of which green food for cattle has for the last few years been kept perfectly sweet and fresh by burying it in silos under the ground. This plan is generally known, but all particulars about it can be learned in the pamphlet of Mr. Thomas Christy, F.L.S. (Christy & Co., 155 Fenchurch Street, London, E.C.). In the case of the galium, the process would consist of cutting the herb very fine, ramming it down by screw-pressure into a glazed earthenware jar with an air-tight cover, and burying it in the ground. Thus secured from air, moisture and heat, it would be likely to keep through the winter. One of my pupils, Mr. M. Pierce, has already laid it thus down, and will report the result to me. This plan, if successful, might be extended to other pharmaceutical herbs; for I have always had the idea that green herbs are more powerful than dried ones. Indeed, the late Mr. Donovan of this city used to maintain that, to make tincture of digitalis properly, the alcohol should be brought to where the foxglove was growing, and the live plant plunged into it."

**OBSTRUCTION OF THE BOWELS; FECAL VOMITING; RECOVERY.**—Mr. George R. Fraser, L. R. C. P. E., reports this case in the *British Medical Journal*. Having read Mr. Alder Smith's "Successful Case of Gastrostomy for Intestinal Obstruction," in the *Journal* for May 26th, I am induced to communicate the following case, which is, perhaps, worth recording.

On April 11th, at 10 P. M., I was hurriedly sent for to visit a lady, aged about forty-five years, who was said to be suffering from "cramps of the stomach." She was in bed, vomiting frequently, and complained of intense pain of the stomach and bowels. Her pulse was little affected, her tongue clean, her temperature normal, and her bowels had been freely moved twenty-four hours previously, after the use of aperient medicine. I prescribed bismuth with hydrocyanic acid, and also a full dose of tincture of opium, under the impression of having to deal with a case of acute gastralgia. The treatment had no marked effect; for, upon visiting her five hours later, I found she had passed a restless and sleepless night. The pain was sometimes acute, and the nausea and vomiting recurred frequently. I was shown a hand-basin containing upward of a pint of distinctly fecal material which she had just vomited, and her breath had also a strong fecal odor. The

real nature of the case was now apparent. On careful examination, I could ascertain no cause of strangulation; no external hernia, nothing abnormal within the reach of the rectum, and no abdominal tumor existed, and fecal impaction could not be looked upon as probable. Copious injections failed to bring a trace of fecal matter from the bowels, and only served to show that obstruction was complete. The abdomen was distended, and the pain, as already noticed, often most severe. The early appearance of fecal vomit was remarkable. In all the circumstances I ascribed the symptoms to a twist, or to an intussusception at some point in the course of the small intestines. If due to intussusception, might not the purgative taken by the patient have had something to do with its production? We know that invagination is apt to arise from causes that produce increased irritability of the bowel. The stercoreaceous vomit enabled me to form an early diagnosis, a point of the greatest moment in these cases, as it enables us to adopt a rational course of treatment. Better leave such cases entirely to nature, than administer a single dose of drastic medicine. No time was lost in placing the patient under the influence of opium. The drug was given as tincture, but generally in the form of powder, frequently repeated and continued throughout the attack; and no food of any kind was taken, for which, indeed, the patient expressed no desire. Ice was not procurable, but cold spring-water and soda-water were enjoyed in small quantities, frequently repeated to allay thirst. The effect of the opiate was soon apparent. Vomiting became less frequent, no doubt from the influence of the drug in controlling intestinal peristalsis, and the patient became comparatively easy and had some rest. The characteristic vomit continued to recur at much longer intervals. Occasionally the rejected material was merely a greenish fluid, consisting, no doubt, of the water swallowed mixed with bile. The symptoms were now less acute, but distension increased. Warm fomentations were constantly applied, and injections given occasionally. On the third day she was seen in consultation by Dr. Ridley of Gateshead, who suggested operative means, or at least tapping, for the purpose of relieving tympanites, which was now becoming extreme, and that possibly the bowel might right itself. Her friends, however, were averse to any form of surgical interference;



and the treatment was continued as hitherto, with the addition of nutritive enemata, and the free use of belladonna liniment to the abdomen, as recommended by Dr. Ridley. The opiate maintained its soothing influence, but the symptoms became more urgent. Hiccough was constant in the evening; tongue red and dry; pulse one hundred and thirty-four; temperature not taken. She had another good night, and in the morning looked decidedly better than on the previous evening. She had two attacks of fecal vomiting during the day, but rested well. It was now the fifth morning, and the last upon which sickness and stercoreous vomit appeared. Her pulse was good, and her expression cheerful. In the afternoon she informed me that "something had liberated itself in her inside," and that she was passing wind since I saw her last. A liquid motion followed soon after from the bowels, which contained a few firmer pieces of feces of the size of hazel-nuts. From this date, her improvement was uninterrupted. She soon regained her usual health, and has since remained perfectly well.

Invaginations are said to be of frequent occurrence, giving rise to temporary derangement of the bowel, and they are also believed to become soon disentangled by the normal peristaltic movements. If this were a case in point, the favorable result was probably due to the free use of opium. Had purgatives been used, fatal strangulation would, I think, have inevitably supervened. A timely diagnosis would render the purely medical treatment of these cases more successful than it has hitherto been.

**TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.**—In a paper by Dr. Carl Breus, in the *Archiv für Gynäkologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. (Lancet.) Other means, as the inhalation of chloroform and the administration of chloral hydrate, were also employed. The convulsions set in at different periods during labor and in the course of the first day after delivery. In four cases they came on at the beginning of labor, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There was present in all the cases albuminuria, together with more or less edema. The baths were employed after the convulsions set in,

during and after labor. A case is also mentioned in which forty-five hot baths were given during pregnancy. The author believes that the immediate danger to life in these cases is due to the diseased state of the blood—hydremia—shown by the albumen and anasarca; and that the rational treatment of this condition consists in the production of a rapid change in the blood-state. This he believes is brought about by profuse sweating, which, he states, diminishes the quantity of albumen in the urine, and the edema. The hot baths have occasioned no bad symptom in the author's practice; they have not brought on premature labor when used during pregnancy, nor have they occasioned hemorrhage when employed soon after labor.

**WOUND OF VAGUS NERVE.**—A man, aged forty-nine years, had a tumor in the neck, which rapidly increased in size, induced much pain and was associated with marked emaciation. (*Berlin Klin. Woch.*) The tumor, the size of two fists, occupied the left side of the neck, displacing the larynx to the right, and was crossed by large veins. No signs of pressure on the vessels or nerves were detected. The lungs yielded no physical signs of disease. Notwithstanding the connections of the tumor, its removal was decided upon. Much difficulty was encountered in the course of the operation. The internal jugular, being adherent to the tumor, was ligatured and divided. The vagus nerve was apparently much displaced, for it was divided under the notion that it was the descendens noni. Later on in the operation the vagus was again cut through, so that a portion of it about six inches long was removed. After the operation the pulse was one hundred and twenty. Some râles were heard in the left lung, and the left vocal cord was paralyzed. Six hours later the pulse was ninety; the respirations were thirty. After this the patient did fairly well till the tenth day, when fever set in; and on the twelfth a rigor occurred, which was repeated the next day. The patient died on the fourteenth day, only a little purulent sputa having been coughed up. At the autopsy some broken-down blood-clot was found at the site of each ligature on the internal jugular vein, but not on extensive thrombosis. The muscles of the left vocal cord were already in a state of fatty degeneration. In the bronchial tubes of the left lung only purulent matter was seen; the right lung was edematous and congested, but there was no bron-



chitis. The brain and the heart showed no morbid signs. Dr. Riedel, who had performed the operation, regarded the unilateral bronchitis and disease of the left vocal cord as directly dependent on the removal of the large piece of the left vagus nerve in the neck. The pyrexia and the rigor which ushered in death were looked upon as probably of embolic origin, though there was no post-mortem evidence to substantiate this view.—*Med. Times and Gazette*.

**EXCISION OF HARD CHANCRE.**—Professor Lassar has come (*Berliner Klin. Woch.*: The Medical Times and Gazette) to the conclusion that excision of a hard chancre is an operation which ought to be largely practiced. He argues that it can do no harm, as it replaces an unhealthy sore by a healthy clean wound, and thus offers a chance of preventing the general infection of the system. It is generally taught, however, and we believe truly taught, that at the time of the formation of a hard sore the nearest lymphatic glands are already involved and infected. The eradication of the disease would not, therefore, be possible by the excision of the open sore; just as it would be useless to excise an epithelioma when the glands have already become affected. The question whether it would not be a wise thing to remove any continuing source of infection of the system no doubt arises, and should it be raised, the excision of a chancre is, after all, but a small affair.

[We have excised several hard chancres, in no instance with benefit. The cruel operation of removing the enlarged inguinal glands has been done, but never with good result.]

**INFANT FOOD.**—Dr. Borchardt, in the Medical Times and Gazette, says: In reference to the many artificial foods that so energetically compete for popular favor, that, as the result of a large experience, no vegetable preparation is comparable to good fresh cow's milk as a diet for infants under a year old. Theoretically, he said, no doubt condensed milk appeared to possess many advantages, but in practice it was found that not only did different brands vary considerably in nutritive value, but that the enormous percentage of sugar in all the ordinary varieties produced chronic indigestion, and, as a consequence, a disposition to rickets.

[Many children's lives are saved by condensed milk. Experience has taught us that it is a noble boon to children.]

**CANNABIS INDICA.**—Mr. H. Cripps Lawrence, L.R.C.P., says: In addition to the undoubted value which attaches to cannabis Indica in megrim, menorrhagia and dysmenorrhoea, it exerts also a valuable influence as a safe sedative and hypnotic in a form of disease in which, if the ordinary narcotics be prescribed, lethal effects may be expected. In chronic renal disease, when vigil or neuritis are prominent symptoms, the extract of cannabis Indica (Squire) in one-grain doses, may be given to an adult every four or six hours. It does not augment the albuminuria, and the sedative action is at once safe and pronounced. The late Dr. Jeaffreson, of St. Bartholomew's Hospital, valued cannabis Indica highly, as a sedative which would manifestly control the exhausting jactitation which occurs in cases of severe chorea.—*The British Medical Journal*.

**THE DANGERS OF EXPERIMENT.**—A short time since Professor Jolyet, of Bordeaux, nearly lost his life in endeavoring to demonstrate, by Grehaut's method of inspiring hydrogen, the lung capacity to his pupils. (*British Medical Journal*.) He had prepared the hydrogen gas, but, wanting some acid, he sent for it to a neighboring laboratory, poured some into the apparatus, and then made the inspirations necessary for the demonstration. The acid he had used, though sold as pure, contained arsenic, so that, instead of pure hydrogen, M. Jolyet had inspired arsenuretted hydrogen. Notwithstanding sudden feelings of illness, he had the great courage to continue his lecture to the end, but was obliged to go home immediately, overcome by a fearful attack of headache, vertigo, and symptoms of syncope. Still more serious symptoms supervened, which caused great alarm, and during some days M. Jolyet was very ill. Fortunately, there were no serious results, and although still very weak, M. Jolyet is, to the great joy of his pupils, quite out of danger.

**ABSENCE OF PLACENTA.**—Dr. Valentine Browne, M.D., of Yonkers, N. Y., concludes a report as follows, in the Medical Record: "In about one hour after the death of the patient, I was requested to take the child from its mother, some scruples on the part of friends demanding the separation of the child before interment. I accordingly commenced the operation by abdominal section. On reaching the uterus careful section of that



organ was made, when a fetus was observed partly immersed in an inky-black liquid. An effort was now made to remove the child, but as something seemed to hold the fetus firmly, I inserted my hand into the cavity of the uterus, when I found a cord very rigid and unyielding. Having severed this obstacle, a perfectly formed male child, weighing about twelve pounds was removed. Search was now made for the placenta, but without success. There was *no placenta*. The umbilical cord was found attached to the fundus of the uterus, and the length of the cord did not exceed four inches.

ACCESS OF MELANCHOLY APPEARING AT THE MENSTRUAL EPOCH; SYMPTOMS INTERMITTENT—CURE BY SULPHATE OF QUININE.—A paper on this subject is translated for the Medical and Surgical Reporter from the *Annales Medico-Psychologiques*, by A. A. Gleason, M.D., Elmira, N. Y.

[Gradually, but surely, the profession every where is coming to recognize the multiform manifestations of what we call malaria, and the almost limitless powers of quinia and its congeners. We have contended for years that "malaria" is the most abundant source of disease, and that quinia is the most widely useful of remedies.]

THE TRUE ANTIDOTE FOR OPIUM.—By I. H. Stearns, M.D., in Chicago Medical Journal and Examiner: The great antidote for pain is opium in its various forms of preparation, and, conversely, the antidote for opium in overdoses is pain. In practice, the dose of the opiate is graduated by the amount of the pain, which, being great and persistent or continuous, will carry off a large amount of the drug without affecting the nervous centers. So in cases where there has been exhibited a large and dangerous dose of the opiate, the indications are plainly to cause pain to the patient which shall be continuous and unrelenting. The question as to a simple and exquisite torture that is unceasing in its agonizing character, was long ago settled by the Inquisition, which resorted to the "thumb-screw." Any means by which a steady pressure upon the terminal branches of the nerves is made will answer the purpose. A hand-vice upon each of the thumbs and a snap clothespin on each finger is most admirable and effective, and they should be kept on until they begin to feel painful, and then released one at a time. Any physician can see the philosophy of the idea, and attention is called to it because, only last night,

the writer had a case where the patient had purposely taken ten doses of morphine. In the absence of other facilities, twine was wound tightly around the terminal points of the thumbs and fingers, rendering them "black and blue," but they gave her no annoyance until after ten hours, long previous to which time she was beyond danger. Let the physician remember that the real antidote to opium is pain, and as far as known there is no other (notwithstanding the various drugs that have been from time to time fashionable in this regard), and many patients will be saved that would otherwise be lost.

AN UNUSUAL PARTURITION.—Mr. W. H. Borham thus concludes a communication to the Lancet: "When I arrived the child was just expelled, lying between the mother's legs. On raising the sheets I found the *whole contents* of the late gravid uterus had been ejected. The placenta, membranes, waters, and the child *were all intact*; the mass was about the size of a large hat. The child was floundering about in the fluid, and struggling to be released. I raised the mass up by taking hold of the placenta, and I found its total weight about nine pounds. The membranes were exceedingly tough, and to release the child I had to cut them with a pair of scissors, as I could not tear them open with my fingers. This is the only case I ever saw born in this fashion, where the child was viable, out of seven thousand cases I have attended.

LIEBREICH, in 1869, introduced the aqueous solution of chloral hydrate as an anesthetic and hypnotic.

Calomel, means beautiful black.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from June 30, 1883, to July 7, 1883.

*Heger, A.*, Major and Surgeon, relieved from the further operation of paragraph 9, S. O. 55, C. S. Department of Texas, and will return to his station, Fort Clark, Texas. (Par. 2, S. O. 69, Dept. of Texas, June 25, 1883.) *Havard, Valery*, Captain and Assistant Surgeon, assigned to duty with expedition to complete the survey of the country west of the Rio Pecos, Texas. (Par. 8, S. O. 68, Dept. of Texas, June 22, 1883.) *Raymond, Henry Z.*, First Lieutenant and Assistant Surgeon, granted leave of absence from July 14, 1883, to September 1, 1883, with permission to go beyond sea, and resignation accepted to take effect September 1, 1883. (S. O. 150, A. G. O., June 30, 1883.)



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, JULY 21, 1883.

Original.

TREATMENT OF SPORADIC CHOLERA.\*

BY A. M. CARTLEDGE, M. D.

In adopting this subject for an essay before an honorable body of my colleagues, I am prompted by the interest the subject demands, not only per se, but also by the intimate relation it bears to a more formidable yet fortunately rare visitor to our people—I refer to epidemic cholera.

It is not my intention to recapitulate the long list of remedies that have been used and lauded in the treatment of sporadic cholera or cholera morbus, or to criticise at length the various theories in regard to the causation and pathology of the same. Yet to for a moment consider the treatment of any affection we must also consider causation and pathology, or else our procedure is void of any claim to scientific investigation. Unfortunately for us, the causation and pathology of sporadic cholera, as well as epidemic cholera, are imperfectly understood, as is also the *modus operandi* of the specific germ, if such an organism there be. Reasoning from similarity, it is probable the former is produced by a like poison of the latter, only in a milder form and without the qualities of an epidemic. I don't say also without the contagious principle, for one is as much proved to be contagious as the other, if it can be said either have been proved so.

The causation of sporadic cholera, like epidemic cholera, is not as easily defined as choleraic diarrhea and other forms of diarrhea arising from indigestion, sudden reverses of temperature, wet, etc. Climate, heat, atmospheric changes, bad food, ill ventilation, impure water, all have been assigned their place individually or combined, at the

discretion of the author, as the cause of this affection, but no facts have been reached which would enable us to decide the relation any of these bear to the etiology of the disease. We will consider briefly those which from observation and experience we are induced to give most prominence, and discuss them in relation to prophylaxis.

*Heat.* That heat plays an important part in the causation of the disease seems obvious to all. It seems to act on the nerve centers of the cord, thus predisposing to the affection. And, while considering a remedy for this factor, I can not do better than call your attention to some suggestions of Dr. N. S. Davis, read in a paper before the American Medical Association at St. Paul. He says, "When it is remembered that one third of the human race perish before they reach five years of age, and that a large percentage of these early deaths are the direct result of attacks of a serious diarrhea and cholera morbus, it will be conceded that no subject is more worthy of careful study than the pathology and prophylaxis of these affections."

Dr. Davis goes on to enumerate what he considers the most potent causes of the disease in children, and lays special stress on ill ventilation and heat, and as a preventive for the latter makes some practical and simple suggestions which I think we can and all should practice both in adult and child practice. I quote him further, "Whenever the human system is relaxed and rendered morbidly sensitive by continuous high heat, causing the infant to be languid, restless, and sometimes pale, a free bathing or sponging of the whole surface with water simply, as cool as is comfortable, always produces a refreshing and invigorating influence which lasts from six to twelve hours. Consequently, mothers and nurses should be so instructed by their family physician that during every wave of high atmospheric temper-

\* Read before the Louisville Medical Society.



ature in which the mercury does not fall below 70° F. at night, each child under two years of age should be regularly given a full sponge bath in the evening and morning, and its sleeping room kept as freely ventilated as possible." I think the suggestion equally applicable to adult practice. I would further, from my own experience, insist that the application of cold with friction be especially applied over the spine.

I will not enter into the subject of bad food, water, etc., all which demand our most earnest consideration, but a discussion of which would extend this paper far beyond the intended limit. The prime object of this paper was to present to you an effectual method of treating sporadic cholera and cholera morbus, and which I think would be equally applicable to epidemic cholera; but before we proceed to that, a word as to pathology: Symptoms during life and post-mortem appearances demonstrate that in this disease we have a marked alteration in the circulation of the blood, manifested by a determination of blood to the abdominal and thoracic viscera, notably the former, and great transudation of the blood, serum, and salts into the alimentary canal. The congestion of the lung, dyspnea, and collapse of heart power which attend the disease are not understood as to cause. There are two theories, one that the poison acts on two sets of nerves producing opposite effects—the one abdominal, causing a vaso-motor paralysis and excessive transudation of fluid, the other thoracic, causing contraction of the capillary bronchi and dyspnea. The second theory attributes the lung condition to a relative increase of the solid constituents of the blood (due to intestinal transudation); clogging of the pulmonary circulation takes place, and symptoms of asphyxia and collapse supervene. The last theory, together with the general congestion of the part, I think offers the best explanation of the symptoms. The heart shares in the general depression, either from obstruction by thickened blood or from the direct effects of the poison.

The symptoms of this disease are so well known to us all that I will not enumerate them here. Suffice to say, we divide the disease into stages. The most common division is that of invasion, development, or evacuation, collapse, and reaction. As the physician rarely ever sees a case in the stage of invasion, we will just treat of the stages of evacuation and collapse, with a reference to that of reaction.

In all time physicians have differed as to the best means of treating this disease, as well as epidemic cholera. Ofttimes these opinions have been diametrically opposed to each other; as, for instance, one man would say, Do not check the evacuations, or you will kill the patient by retention and re-absorption of the poison that nature is seeking to eliminate. Another would say, Check the discharge, and save your patient the excessive drainage upon his blood, and consequently his life.

Alas! we only see in this too plain an illustration of ignorance as to causation and pathology. Fortunately for us, the symptoms of the disease are exceedingly uniform, as much so indeed as any disease with which we are acquainted. The diagnosis, as far as I know, can only be confounded with poison from irritants, bilious diarrhea, and possibly peritonitis.

In reference to checking the discharge, I think all authors are agreed as to the necessity of such a course. It is well to remember that there may be transudation with retention.

It is of importance in treating this disease not to consider it merely a disease of vomiting and purging, to be checked at all hazards and by *any* means. Much of the trouble observed during the stage of reaction is due to injudicious and excessive medication, especially in the stage of collapse. Let us then remember that it behooves us to work faithfully in preventing the disease, and by all rational means to check the evacuations when called to treat it. Our course as regards giving medicine must be changed when the stage of collapse arrives, and, of all stages, that of collapse is most to be dreaded.

When called to see a case of sporadic cholera, it is generally in the stage of evacuation, with cramps, vomiting, etc. We are accustomed to give first, opium in some form, perhaps morphia with atropia hypodermically; or others would give the vegetable and mineral astringents with opium by the stomach; or again others would prefer the small and oft-repeated doses of calomel, which sometimes acts very well in this stage. Ice and innumerable other things for vomiting, together with sinapisms to the abdomen and stomach, constitute our resources. I have used all these (except the astringents) with good results; but then again it has been my fortune to meet with cases in which all these remedies failed, and it is to such I will call your attention. To avoid collapse is the desideratum in treating cholera, and, when



it occurs, the best method of combating it. To give you my views on the subject, I can not do better than recite the history of one case and a reference to others which came under my observation.

Mrs. E., aged about forty-eight, nurse in the Louisville City Hospital. I was called to see this patient on the morning of July 26, 1882, about 8 o'clock. I found her in great pain; pinched and anxious expression of countenance, slight dyspnea, severe cramp in the abdomen, frequent vomiting, and a copious rice-water discharge from the bowels every ten or fifteen minutes. The surface of the body was cold. Her daughter stated that her mother was taken with slight diarrhea about 12 o'clock the previous night, which was soon followed by nausea, vomiting, and purging. She had applied sinapisms to the stomach and taken two doses of laudanum, thirty drops to the dose, but these had been rejected by the stomach. The pulse was one hundred and thirty and weak, respiration short and labored. I gave the patient a hypodermic injection composed of one third of a grain of morphia and one one hundredth of a grain of atropia, ordered sinapisms over the abdomen, hot bottles to the feet, which were very cold by this time, and gave pounded ice with a drop of creasote for the vomiting. Half an hour made no improvement in my patient, who was rapidly growing worse; dyspnea was increasing, and the stools, copious and frequent, were passed almost without the patient's knowledge. The evacuations were composed of thin, watery, rather starch-like fluid containing white flocculi. The intellect was clear but mind restless, with very anxious expression of countenance. I repeated the hypodermic injection, and commenced to give my patient one-half-grain doses of calomel every ten minutes for the vomiting. This treatment was watched for thirty minutes, at the end of which time my patient was evidently on the verge of collapse. The lips were livid, though the face blanched, skin shriveled, and muscles of the abdomen and calves which before were subject of clonic spasm now nearly in a state of tonic spasm. The radial pulse was imperceptible, vomiting so severe that I considered all medication by the stomach useless. I injected hypodermically thirty minims of ether, and my syringe full of whisky a time or two at short intervals. It was now about one and a half hours since I first saw the patient, and evidently, without some quick change for the better, she would die. I re-

peated for the third time the injection of morphia and atropia, also the ether injection with external applications of heat, but all to no avail. At this juncture I conceived the idea of getting cold to the heated and congested internal surface, and, by the local effect as well as the general impression such a course would impart to the nervous system, probably induce a reaction. I introduced my finger into the rectum, and there must have been a temperature of  $104^{\circ}$ , judging from the feel. I immediately pounded a quantity of ice, and added about a pint of water with a teaspoonful of tincture of opium, stirred until the water was ice cold, and then proceeded to inject into the rectum with a Davidson syringe. I injected about a pint. The injection was retained about three minutes, and passed, but some marked good results followed. The spasm of the abdominal muscles relaxed as if by magic, and almost instantly my patient seemed to improve. I repeated the injection with the addition of a teaspoonful of bromo-chloralum. I added the last-named ingredient because the matter discharged was so offensive as to render work in that locality very disagreeable, besides the case, as regards symptoms and gravity, did not present any difference from genuine cholera. The second injection was retained about fifteen minutes, with such an improvement of all symptoms as to make me believe I had found the right thing at last. The passage of the second injection contained very little of the choleraic discharge. After an interval of a few minutes, I gave a third injection of the ice-water, which was retained about half an hour with the greatest benefit, my patient reviving and expressing herself as very comfortable. I had during the time of this last treatment used nothing but sinapisms to the abdomen and ice in the mouth. My patient did well until about four o'clock in the afternoon, when an attack of nausea and retching, with a small fluid evacuation took place. I immediately gave an other ice-water injection, and all went on well. It was eight or ten days before the patient was able to be about, but none of the bad symptoms of the reactive stage occurred.

Within the subsequent ten days after this patient was attacked I saw six severe cases of the disease, one of which was in collapse, and in all I used the ice-water injection with the best results. I did not use it to the exclusion of other remedies in but two cases. I used it three times without the tincture of



opium addition, and gained enough to demonstrate to my mind that the principal benefits were due to the ice-water. In short, my treatment now of the severe forms of the disease is—taken in the stage of evacuations, cramps, etc.—sinapisms to the abdomen, ice by the mouth, and ice water injections per rectum. The same treatment for the collapse, with possibly some hypodermic stimulation. This is simple medication, but the results can't be bettered in my experience. In milder cases, even in the severe, you can use opium with atropia or what not, as suits you. Many of the ordinary cases of sporadic cholera are treated very successfully with the hypodermic administration of morphia and atropia.

In offering an explanation of the action of ice-water injections in this disease, I can only say, it does not seem to be due so much to the local astringent effect of cold as to the strong impression made upon the nerve centers through reflex action by the cold being placed directly in contact with the congested and heated center. It is probable that in severe cases of epidemic cholera a stronger impression might be made and reaction induced by using a rectal tube, thus placing the cold nearer the center of morbid action.

A few thoughts that originate from my limited experience are these: (1) If the specific germs of epidemic cholera reside in the evacuations, as is claimed by Budd, Snow, and others, does not this method of treatment afford means to some extent of disinfecting the excretions before being exposed to the air and in a condition to infect others? The truth is, in sporadic cholera, after a few injections you have no more evacuations to disinfect. (2) How far the treatment might be effectual in malignant or epidemic cholera.

The remedy may have been used by others. I failed to find mention of it in works consulted on the subject. If such be the case, I can only hope to revive and call attention to a good thing.

Since writing the above observations, I notice in the Peoria Medical Monthly, where Profs. Pooley and Kinsman, of Columbus, Ohio, have used ice-water injections per rectum in cholera infantum, with good results.

LOUISVILLE.

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ATLANTA, GA., has one physician to every two hundred and seventy-seven of its population.

## Miscellany.

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THE ST. LOUIS MEDICAL SOCIETY AND THE REVISION OF THE CODE OF ETHICS.—It will be remembered that at the late meeting of the American Medical Association, Dr. Pollak, of St. Louis, on behalf of the St. Louis Medical Society, moved the appointment of a committee to revise the Code of Ethics, which motion was promptly laid on the table. It now appears that this resolution was not authorized by the St. Louis Medical Society, and that Dr. Pollak presented it without consulting his brother delegates. At a late meeting, the St. Louis Medical Society repudiated and condemned the action of Dr. Pollak, with only two dissenting votes. The St. Louis Medical Society sits down upon Dr. Pollak, in this manner: On June 23, 1883, Dr. Atwood introduced the following, which the St. Louis Society adopted after some discussion:

Whereas, At the recent session of the American Medical Association, a preamble and resolution were offered for the consideration of said Association, purporting to represent the sense of the St. Louis Medical Society upon the propriety of preparing a new code of ethics, or altering and changing the existing code in accordance with the present relations of the profession; and

Whereas, In said preamble the assertion is made that "the Code has accomplished all it was designed it should, but at present many of its features are obsolete and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and can not be repressed much longer. . . . The time has come when the loud and very soon universal call will have to be heeded;" and

Whereas, the St. Louis Medical Society did not instruct, "That the committee be authorized to prepare a code of ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884;" therefore,

*Resolved*, That the St. Louis Medical Society distinctly repudiates the statements contained in said preamble, and again expresses its fealty to the existing Code of Ethics as a time-honored and most suitable fundamental law of the profession, and specially deprecates any action calculated to reflect upon its loyalty to those principles which have heretofore secured immunity from the machinations of schismatics within or enemies without.



PROFESSOR VIRCHOW AND SECRET REMEDIES.—During the last ten years there has been held annually in Germany a session of a congress, or union of medical men, representing the various medical societies of the country, having for its object mainly the guidance of medical ethics. Professor Virchow—than whom none has been more zealous in upholding the honor and dignity of the profession—has unwittingly and, as we think, unjustly fallen under the ban of this body. He has been charged with giving a testimonial to a secret remedy, the *Pilulæ Helveticæ* of a Dr. Brandt, of Schaffhausen; and doubtless many of our readers have themselves received the laudatory notices which accompany these famous “pills,” the distribution of which has not been limited. Virchow, in a letter to the *Berliner Medizinische Wochenschrift*, marvels at the amount of displeasure which he has apparently incurred. He says that he received some of the *Pilulæ Helveticæ* last winter, with a letter from Dr. Brandt asking him to give them a trial. Some time afterward came another appeal, and, being himself in the need of such a remedy, he tried their effect upon himself. The result was so satisfactory that he penned a few lines to the inventor, which the latter forthwith published without Virchow’s sanction, pleased, no doubt, when such testimony came from so high a quarter. From that time Virchow has had no peace—letters and circulars, signed and unsigned, have been addressed to him, complaining that he was violating the ethical law in giving a testimonial of a secret remedy; and this has culminated in the remonstrance addressed by the chairman of the committee of the *Aerztevereinbund*. The committee also procured an official analysis of the pills, which, however, only went to show that their composition was nothing very extraordinary. Virchow denies that he ever gave a testimonial at any time for these or any other pills. He withdraws from the *Bund*, and appeals from its arbitrary action to his medical brethren at large to pass a judgment free from the paltry and narrow trades-unionism which characterizes this act. The editor of the *Berliner Med. Wochenschrift*, Dr. Ewald, also strongly deprecates this mistaken zeal of the *Bund* in attacking a man like Virchow at the instance of apothecaries, who notoriously strive in every way to advertise their wares, and points out that the advertisements of these “pills” differ in no respect from those which appear in his journal

every week. The incident is to be regretted, for had Virchow really lent his name to a testimonial in favor of a secret remedy, the *Bund* might be praised for not hesitating to take action against so eminent an authority. But seeing the circumstances under which the offending lines were written and the fact that the composition of the pills is made no secret, Virchow should not have been subjected to molestation. At the most, he might have been asked to insist on the withdrawal of the publication of his letter, for which, indeed, he never gave permission.—*Lancet*.

THE KENTUCKY STATE BOARD OF HEALTH. We have observed, not without surprise, some harsh strictures on the Kentucky State Board of Health by our respected contemporaries of the *Louisville Medical News*. Dr. J. N. McCormack, president or member of the board, defends that body in a temperately written letter contained in a recent number of the *NEWS*. If the statements made by Dr. McCormack be true, and they carry conviction on their face, the manner in which they are disposed of by the editors appear to us unfair and unjust. Knowing how much Boards of Health, State and local, have to bear in the way of criticism and censure from a variety of sources, professional and non-professional, and the limited authority mostly allotted to them and the unpardonable stinginess nearly always manifested in defraying their expenses, our sympathies are on their side. Very few of those who censure them would be willing to do the work, or would do it better if they were to undertake it. It is worthy of note that men holding public positions, involving much labor with little or no compensation, are more uncharitably dealt with by the public than those who enjoy liberal salaries with less work. Of this kind of work our profession performs much more than its share. All other professions and occupations taken collectively give to the public less unpaid labor. This consideration should go far toward warding off the censure of the public, but more particularly should it protect from censure by comrades in the profession. While we admire candor and frankness we have no liking for the practice of cutting right and left into the fraternity wherever errors or shortcomings are detected or suspected. A becoming *esprit du corps* ought rather to conceal or apologize for faults in the family. These remarks are designed for general application, without special reference to the *Louisville* journal, which is



always among the most welcome of our exchanges.—*Pacific Med. and Surg. Jour.*

[This criticism is full of good sense and good feeling. It is written in the interest of the profession, and we copy it with pleasure. We do not claim infallibility, and we readily admit that in our comments on the Kentucky Health Board we were rather severe. Our strictures were however by no means entirely undeserved, but on some points we were misinformed and in consequence were to some extent unjust. The members of the Kentucky State Board of Health are honorable and worthy men and deserve praise for the work they have done. We are glad to know that they deem the criticisms of the NEWS to have been of service to their body, although the language used by us was not as gentle as it might have been. The board has our best wishes, and may rely on us as a faithful ally in all of its wise undertakings.]

**KENTUCKY PHARMACY.**—The State Board held its regular semi-annual meeting yesterday at the Louisville College of Pharmacy. The law governing the sale of medicines and poisons was again considered, and was discussed at considerable length. As the law now stands, in towns whose inhabitants do not number five thousand, drug clerks are not required to have certificates of registration. The board thinks that it is just as necessary to have competent pharmacists in small towns as in large ones, as the people of the small places are as liable to suffer from the mistake of an incompetent clerk as in a city; and the tenor of the discussion yesterday was to have the law changed so as to include all towns that are incorporated. It was reported that, since the last meeting in January, there had been registered eighteen practicing pharmacists and twenty-four assistant pharmacists. A morning and an afternoon session was held, and the board adjourned to meet six months from now.

The Executive Committee, composed of J. F. Fowler, J. A. Flexner, and C. Lewis Diehl, is still engaged in examining the applicants for registration, but will probably finish its labors to-day and report the names of those who have passed.

**A SUPPLE TONGUE.**—Dr. E. F. Ingalls, of Chicago, writes, in the Medical News: Last winter a gentleman, who happened in my office with one of my patients, asked me what I thought of the possibility of passing the tip of the tongue behind the palate into the vault of the pharynx. I told him I

thought it might be possible, but extraordinary, whereupon he proceeded to demonstrate it by slowly turning the tip of the tongue backward and carrying it behind the edge of the palate to the vault of the pharynx. He said that he had first attempted the feat for the purpose of dislodging collections of mucus from the post-nasal space. It required considerable practice, and at one time, while learning it, he had been seized with a spasm of the muscles of the tongue that nearly choked him. He now accomplishes it as easily as the protruding of the tongue from the mouth, and he has acquired so much dexterity that he can tell accurately the condition of the turbinated bones as to swelling.

The catarrhal condition which first caused him to practice this method of freeing the parts has entirely disappeared, and now nothing abnormal can be seen either in the pharynx, palate, or tongue, excepting some swelling of the turbinated bones at their posterior ends.

**MISADVENTURES.**—Some time since Prof. Polk, of New York, removed a diseased kidney from a patient. At the post-mortem soon after, it was discovered that this was the only kidney the patient ever had. A few years since a Louisville doctor cut away from a parturient woman what he took to be a long piece of umbilical cord. It was the small intestine, and death soon followed. Lately, in Chicago, Prof. Gun injected a nevus on the face of a child with a few drops of chloride of iron solution. Immediately there was a slight convulsion, and the child was dead.

IN Hendon Churchyard, England, on a monument to Thomas Crossfield, Esq., M.D., are found these lines:

“Beneath this stone Tom Crossfield lies,  
Who cares not now who laughs or cries;  
He laughed when sober, but when mellow  
Was a harum-scarum fellow.  
He introduced the use of savin,  
In those diseases like to spavin;  
He gave to none designed offense,  
So ‘Honi soit qui mal y pense.’”

**MASTODON GRAVEYARD.**—The city of Dallas, Texas, is said to be built over a graveyard of mastodons, and for five or six years past excavations for buildings have seldom failed to bring up their bones. A large number of these mastodon remains were unearthed recently, and some of the bones were of enormous size.



THE St. Louis Courier of Medicine thus pays a merited compliment: "The Louisville School of Pharmacy for Women will be fully equipped and ready to commence a full course of study next fall. All necessary apparatus will be provided for the chemical and pharmaceutical laboratories, and arrangements have been made for adequate financial backing. It is safe to predict a successful future for this institution. It is one of the very few new institutions the want of which has really been felt."

OH! OHIOANS!—"We notice in the Cleveland (Ohio) daily papers," says the Peoria Medical Monthly, that there was not entire unanimity of purpose and feeling among the members of the Committee of Arrangements of the American Medical Association. Some of the most prominent members of that committee even came to blows—to their own disgrace and the disgrace of the profession."

[Well, it is better to come to blows, than to resort to shots, as they do sometimes in Kentucky, and the New England practice of simply blowing is still gentler and safer.]

WOMB DISEASE IN SQUAWS.—Dr. Tauszky, of New York, says, from his experience on the frontiers, that it is not only among the civilized, but also among the savages that women suffer from diseases peculiar to their sex, and states that gynecological affections among the squaws were not at all uncommon. He attributes a large percentage of these conditions to early rising after parturition.

[So the old erroneous beliefs melt away under scientific observation.]

ARE French flats healthy? Yes, very. Are the people in them healthy? No. Why? They have to starve and go half naked to pay the rent. Why are these flats called French flats? To distinguish them from American flats. What are American flats? The people who live in French flats.—*Life*.

INFANTILE MORTALITY.—From 1856 to 1870 there died in Massachusetts, in each year, nearly fourteen out of every one hundred children under one year of age.

HONEST doctors and mackerel have this in common, that they are seldom caught out of their own school.—*Boston Post*.

ONE-SIDED BABIES.—In carrying children in the arms care should be taken not to carry them habitually on the same side, as this tends to make them one-sided, a condition that may be frequently observed in all the children of a mother who can nurse only from one breast. Not only the bodies, but the heads and faces of a whole family can sometimes be drawn over to one side. The only remedy is to change the position frequently, a very difficult thing for such mothers to do, but something that good-will and attention can accomplish.—*Exchange*.

SUGAR AND BILE.—Fothergill, in the Medical Times: With a large class of physicians sugar is a forbidden article as such, and as being injurious to the bilious. But I join issue with these gentlemen as to the fact of sugar being undesirable for bilious persons. Bile is not formed from the saccharine but from the albuminous elements of food. The bile-acids both contain nitrogen, and one contains sulphur; neither of which bodies is formed from sugar. But both exist in albumen.

WANDERING LIVER IN A MAN.—At the meeting of the Society of Physicians of Vienna, June 4th, Dr. Felix Schwarz showed a case of wandering liver in a man, a very great pathological rarity. There have been only two cases in men and thirteen in women reported.—*The Medical Record*.

LUMINOUS PAINT.—Mr. W. J. Land suggests, in the British Medical Journal, that the "luminous paint" might be made of great advantage, especially in country places where gas does not abound, either to paint "name" or "night-bell," or a circle round the latter.

COMPOUND SYRUP OF THE HYPOPHOSPHITES.—An analysis of one of the most popular and expensive brands of the "syrup of the hypophosphites" gives five grains of the hypophosphite of soda and potassa, half grain quinine, and a minute trace of strychnia in each ounce, and the vehicle or body of the syrup is glucose.—*Pacific Med. and Surg. Jour.*

LAME DUCKS.—We have on our books the names of quite a number of subscribers who are much behind in their accounts.—*Pacific Med. and Surg. Jour.*

[Can this be possible? What do some of the readers of the NEWS think of it? V.s.]



## The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }  
L. S. McMURTRY, A.M., M.D., - - } Editors.

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### CHOLERA AND YELLOW FEVER.

Just now the journals, medical and lay, at home and abroad, are full of comments on these possibly coming calamities. In Havana and in some of the Mexican sea towns yellow fever has existed for a considerable time, and lately ships with this disease on board have been reported in several of our southern and northern ports. Cholera has also been for some weeks more prevalent than usual in the eastern countries, and has, it is said, lately appeared to a limited extent in London.

Unfortunately the scientific, methodic study of disease has not yet been sufficiently long and thoroughly prosecuted to enable us to predict with any certainty as to the advent or course of pestilences. Medical statistics at present are, in the main, not implicitly or even greatly relied on, save by credulous enthusiasts and hobby-riders, who, in their ardor for material to build up and strengthen their theories, greedily accept any assertions or deductions which coincide with or lean toward their favorite views.

A very rainy season is predicted, on the one hand, as the forerunner of great sickness because of the earth's saturation with moisture and the overflow of wells, springs, etc.; on the other hand, it is declared the probable protector of health by washing

away the surface filth from the gutters, sewers, and sluggish streams. A very dry season is by some deemed conservative of health in consequence of diminished decomposition, and by others dangerous, since the pools and streams and improperly constructed gutters and sewers, not being flushed and remaining stagnant, give forth by evaporation poisonous gases and parasites. Each of these theories has its advocates, and those who guess right vainly plume themselves as prophets; while those who guess wrong straightway set about accounting for and excusing their mistakes. A few years since, when yellow fever was rife in the South, and there was much alarm among the people of this city, the writer's opinion being asked, he publicly declared that yellow fever in Louisville was an impossibility; that in this climate its development could no more take place than could the successful propagation of certain tropical flora and fauna. It might be brought here, but it could not be contracted here from any source. It could not live and produce its like here. Very soon after this the writer saw, in consultation with Dr. P. B. Scott and Dr. D. W. Yandell, a genuine case, which soon proved fatal, in a railway depot clerk who had not been out of the city. This was Louisville's first native case. From the same office, soon after, another clerk was attacked. During the next few weeks the writer saw a number of fatal cases of yellow fever in a circumscribed district near the Louisville & Nashville Depot, among residents who had not been out of town for months. Since then the writer has not attempted prophecy. That yellow fever or cholera will prevail to any great extent in any civilized land this season is improbable—improbable for two reasons: First, threatened calamities seldom materialize. Rumors of wars are frequent, but wars are rare. Apparent dangers abound on every hand, but real safety is immeasurably prevalent. In the second place, as the science of sanitation is developed and disseminated year by year, and the environ-



ments of the people improved, the chances of the prevalence of epidemics are no little diminished. Therefore we do not believe there is cause for apprehension in this country, at least, on the score of cholera or yellow fever.

### A NOBLE CHARITY.

Mr. John P. Morton, head of the great Louisville publishing house, has nearly completed, and will soon turn over to its Board of Trustees, the Church Home and Infirmary.

Already Mr. Morton has expended one hundred thousand dollars on this institution, and, in order to thoroughly equip it and place it upon a permanent basis, it is probable that he will expend as much more. Erected on an elevated plateau, in what is known as the "Highlands," this building commands a beautiful view of the fair city at its feet, of the grand Ohio River, and of the forest-covered hills which nearly encircle Louisville.

It is a beautiful and an imposing structure, perfect in its ventilation, its lighting and heating, as well as in its culinary, laundry, and drug departments. It has a capacity of over one hundred beds, each patient having a separate room with a window, an open fire place, and a door opening on a spacious passage. The walls and ceilings of the halls and apartments are without angles, being smoothly rounded. The floors and other wood-work are of polished yellow pine, one of the richest of American woods. In the top of the building a commodious play-hall is provided for the children in inclement weather.

The Church Home and Infirmary is a triumph of scientific architecture. We have seen no similar building, in this country or abroad, in the arrangements of which comfort and sanitation are so perfectly secured. It is a magnificent boon to the indigent invalids of the Episcopal Church for whom it is chiefly, though not wholly intended.

A certain number of beds are retained for pay patients.

Mr. Morton is one of Louisville's best and best loved and oldest citizens. Though already passed three score years and ten, his erect carriage, elastic step, bright eyes and clear intellect, bespeak for the noble gentleman many more days to come of happiness to him and of usefulness to his fellow-men. May he live long and prosper, is the cordial prayer of all who know this wise philanthropist.

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QUARTERLY COMPENDIUM OF MEDICAL SCIENCE. Edited by D. G. Brinton, M. D., and Joseph F. Edwards, M. D. July, 1883. Office at No. 115 South Seventh Street, Philadelphia.

A most excellent, useful publication, worthy of its able editors.

HOW CAN WE OBTAIN AND PRESERVE THE BEST EYESIGHT AND HEARING? A Paper read before the Sanitary Convention at Greenville, April 11, 1882. By Leartus Connor, A. M., M. D., of Detroit, Mich. Reprinted from the Annual Report of the Michigan State Board of Health, for the year 1882.

THE PATHOLOGY AND MORBID ANATOMY OF TUBERCLE. Report to the Wisconsin State Medical Society. By N. Senn, M. D., of Milwaukee, Chairman of Committee on Pathology. Reprint from the Transactions of the State Medical Society of Wisconsin. Milwaukee: Printed by Sentinel Co. 1883.

MANUEL DES INJECTIONS SOUS-CUTANÉES, par Bourneville Médecin de Bicêtre et Bricon Docteur en Médecine. Publications du Progrès Médical. Paris: Librairie du Progrès Médical, 6 Rue des Écoles. A. Delahaye and E. Lecrosnier, Éditeurs, Place de l'École de Médecine. 1883.



## Correspondence.

### PYOPLANIA.

[The following interesting case is reported by request of the editor of the *News*. Mr. McC. came under the editor's observation July 10th. The tissues of the entire abdominal walls seem glued together as the result of inflammatory processes. The right testicle is greatly enlarged and indurated, and the induration embraces the entire perineum. On July 12th, an abscess containing half pint of pus was opened in the right side of the scrotum. Slight discharge continues, but the patient is rapidly gaining flesh and strength. The patient states, July 15th, that for some weeks before consulting Dr. Seys he had had what he thought to be dumb chills, but which resisted quinine.]

*Editors Louisville Medical News:*

In May last, Mr. McC. consulted me, complaining of general malaise and such symptoms as led me to believe that he was suffering from an attack of acute indigestion. For this I prescribed a mixture of tinct. gent. comp., tinct. rhei and liquor potassæ. Did not see him for a week or more, when I was desired to visit him. I found that he had had a severe rigor, followed by some fever and profuse sweating—the latter lasting some hours. Prescribed an antiperiodic in full doses, supposing the attack to be malarial. The chill, fever, and sweating were repeated despite the treatment for a number of days, but not at such regular intervals as to confirm my diagnosis, but rather the reverse, and compelled me to seek some other cause for so great a constitutional disturbance.

My patient then informed me that he suffered from congenital phimosis of the extreme degree. He had never been able to micturate without much difficulty, the expulsive effort being so great as not infrequently to cause involuntary defecation. No history could be obtained of any venereal trouble, general condition good, constitution vigorous, unimpaired by excesses of any kind; age about forty, by trade machinist, native of Kentucky, and had been living until quite recently in Colorado.

On examination I found complete phimosis. Preputial orifice would not admit a No. 6 catheter. An ordinary probe passed through the orifice failed to detect any meatus, and was obstructed in every direction by adhesions of foreskin to glans penis.

This condition I (erroneously?) deemed

the cause of the chill and subsequent symptoms, and determined to slit up the foreskin so as to relieve the patient at least of his difficult micturition. An anesthetic having been administered by Dr. J. H. Rogers (who kindly saw the patient frequently with me afterward, as did other professional brethren), the prepuce was incised upon the dorsum as far as the adhesions would permit, and also parallel with the frenum on the under side.

On exposure, found the meatus would barely admit a small probe. Glans penis and mucous surface of prepuce perfectly adherent, save for a small space around the mouth of the urethra. Inasmuch as my patient was much needed by his employers, this being an exceedingly busy time with them, and was anxious to get to his post, I determined to proceed no farther with the operation, believing that enough had been done to relieve him of his life-long trouble in a degree at least. I ordered a cold-water dressing.

On morning after operation found patient doing well, able for the first time in his life to "throw a stream." At the end of four or five days slight intumescence of scrotum and an erythematous blush over abdomen appeared. The parts were not especially tender to the touch, and no marked constitutional symptoms, chill, or fever had up to this time appeared. Ordered warm acetate of lead solution as a dressing. No apparent change in case visible for one or more days, rather improving. Omitted visit one day.

On seeing him again, was shocked, on entering his room, at the horribly fetid odor that greeted me, and the grave appearance of the case. On examination, found large quantities of extremely offensive gaseous pus discharging from an orifice in the scrotum near root of penis, and dark spots of threatened gangrene on sides of penis and over almost the entire scrotum. Marked erythema extended over major portion of abdomen, integument and subjacent tissue thickened. Palpation revealed crepitation over region bounded by pubis below, ensiform cartilage above, and extending full width of body. Facial expression good; condition of incisions in prepuce good; rate of pulse and temperature not remembered; prognosis grave. Ordered twenty-five drops of tinct. ferri chlor. every four hours, five grains each of quinia bisulph. and pulv. Doveri every four hours, alternating with the iron; the genitals and abdomen to be



thoroughly smeared with brewer's yeast and covered with a fermentable poultice, to be renewed every four hours; over poultice, cloths wet in hot water to be applied and covered with oiled silk; stimulants and liquid nourishment ad libitum. Chlorine gas set free in the room continuously.

Condition the next day about the same. Used aspirator. Entered needle not far from anterior superior spinous process of ilium, which soon became obstructed from broken down tissue and blood-clot, and enlarged opening with bistoury. Secured free discharges of most offensive gaseous pus. Compressed walls of cavity toward the opening with adhesive plaster.

Treatment continued, and was not changed until patient convalesced—which he did in about four weeks, during which time other openings occurred or were made in scrotum, penis, and abdominal walls. The last large collection of matter was in the right portion of abdominal wall, extending from crest of ilium nearly to the lower border of liver; evacuated by puncture with bistoury; orifice made as small as possible and kept open by tents.

Singular as it may seem, during the entire case, although surrounded with an atmosphere of the most offensive character, bathed in putrid pus no small portion of the time, the wound in the prepuce was never disturbed in any way, and healed without trouble.

HENRY H. SEYS, M.D.

SPRINGFIELD, O., July 12, 1883.

### LONDON LETTER.

*Editors Louisville Medical News:*

I at last attempt to comply with your request of some months since—to write you occasionally from here.

While at Dublin, Belfast, and Glasgow, I saw nothing in surgery of especial interest.

The much-talked-of Richmond Hospital in Dublin surprised me very much. I can't see how a *well* person can live in it; and it is certainly astonishing how a sick person can get well in it. The building must be at least two centuries old—low, large, dirty, smoky, badly ventilated, out of the way, almost surrounded by taller buildings, and very hard to find. Yet, when we think of the Irishman with his wife and seventeen children living in the same mud house with his pig and cow, and all subsisting on what is grown on two acres of land, after paying

\$20.00 rent, I suppose we should not be so much surprised that the mortality within the walls of the Richmond is lower than that of any modern, well-kept hospital of a similar magnitude in Europe. (How long would an Irishman live in his native land if he had the advantages of the average American?)

Belfast is the second in size and commercial importance, and certainly the cleanest town in Ireland. It contains about 200,000 people, and has, at least, one large, commodious and well-ventilated hospital—the Royal. This is new, clean, very well managed, and not overcrowded.

In Glasgow, it is useless to say, there are a number of first-class hospitals, under the control and management of some of the best men in Scotland.

In Edinburgh the Infirmary attached to the University is certainly the nicest and best regulated hospital that I have seen in Europe. There I had the pleasure of meeting Mr. Keith and seeing him operate a number of times for ovarian tumor. However, the man in whom I was most interested there was Argyll Robertson. He is one of the most pleasant men that it has ever been my lot to meet. As a teacher, I never saw any one take so much time and pains to explain and demonstrate until every thing he says and does is apparently perfectly plain to the dullest student. As an operator he is very patient and gentle, steady, dextrous, and quick. Just here I will say that his treatment for suppurative keratitis from any cause, and especially for suppuration of the cornea after an operation, is the frequent application of nitrate of silver, twenty grains to the ounce; and he says his success is a hundred per cent greater than before he adopted its use a few years ago. After an operation for cataract, he removes the bandage on the second day and allows his patient to sit up.

In London the greatest excitement that has prevailed among the profession for some months has been the pending bill before Parliament to repeal the law of "compulsory vaccination," which came up last week, and was gloriously defeated by a vote of 280 to 17. That some really good men in other respects should oppose compulsory vaccination is more astonishing than the mortality reports of Richmond hospital. If there is no other way to get a national law of the same kind in the United States, I believe it would be a national blessing if smallpox would break out in Congress.

In a future letter it may be of interest to



some of your readers to say something about the expense and general requisites of a medical man visiting Europe, and the advantages offered at different places.

WM. HARVEY HARDISON, M.D.

*Editors of Louisville Medical News:*

The following notes on a case of nevus may be of interest:

W. C., a young man, twenty years old, muscular and well developed, has a capillary nevus covering the entire left hand, and arm as high as the elbow. It is of a dark purple color. The left wrist is a quarter of an inch more in diameter than the other. At twelve years of age, he could hold out fifty pounds' weight at arm's length with the left hand, while the other was no stronger than in other persons. He has other smaller nevi.

LEVI CHASE, M.D.

IRVING, KANSAS, June 25, 1883.

## Medical Societies.

### KENTUCKY STATE BOARD OF HEALTH.

The State Board of Health met on the 12th inst. at the secretary's office. Present—Dr. Thompson, Dr. Dunlap, Dr. McCormack, and Dr. Speed.

Dr. Thompson presented a paper for the forthcoming report on the causes of typhoid fever; also one on the local powers of the Health Boards, State and local, written by Yeaman and Sockett, of Henderson, for which paper the board tenders thanks to those gentlemen.

Dr. Dunlap presented a paper upon the structure of school-houses. This paper is based upon examinations made by Prof. Eddy, of Danville. It is one of importance, and should be read by all school boards contemplating such buildings.

Dr. McCormack read a paper upon the sanitary status of Bowling Green, past and present. This paper shows clearly the value of a pure drinking-water as compared with waters contaminated by leaking cess-pools, such as characterized the town in its early history.

Dr. McCormack was requested by the board to visit the penitentiary and the working camps of the convicts, and report upon their sanitary condition. In view of the newspaper reports as to the exposure and

insufficient feeding of these convicts, it is due to the State that the facts be known, and this board regard it as their duty to make such investigation as will present the facts from a sanitary stand-point.

It was ordered that two thousand copies of the coming State Board report be printed.

The meeting adjourned to meet at Glasgow on the second of October, so as to work in unison with the Sanitary Council of Kentucky, which meets at that place October 3rd.

## Selections.

THE RISKS OF "MASSAGE."—Dr. Julius Althaus, M.D., says, in the *British Medical Journal*: "Massage," which has for a long time been the Cinderella of therapeutics, has recently seen a considerable change in its fortunes, and become as thoroughly fashionable as mesmerism and homeopathy have been at previous periods in the history of medicine. The "Weir-Mitchell treatment" more especially, which has been found very useful in some obstinate forms of hysteria, is now being indiscriminately applied to all sorts of cases of cerebral and spinal disease of which loss of power forms a conspicuous symptom; and it is therefore time that we should say, "Hands off!" lest a procedure which does good in a limited class of cases should suffer by the excessive praises of injudicious partisans, and eventually be thrown aside altogether.

Prof. Busch, of Berlin, who has written the most recent and sensible treatise on massage and gymnastics (in vol. ii, part 2, of von Ziemssen's *Handbuch Allgemeinen der Therapie*, Leipzig, 1882), recommends these proceedings chiefly for the treatment of deformities and of muscular pain. Among nervous affections which have thus been treated, he mentions scriveners' palsy, stammering, some forms of hysteria, and muscular paralysis or paresis after poliomyelitis, without, however, saying much in favor of this treatment in the latter conditions. It is well known that at various times epilepsy, idiocy, and some forms of insanity have been treated by massage and gymnastics; but, fortunately, we now hear very little of such therapeutical aberrations.

It appears to me that diseases of the brain and spinal cord must, on account of the anatomical situation of these organs, be inaccessible to the influence of massage,



which can only be applicable to more superficial parts of the body. Apart from this, however, it is important to consider that many of the most important diseases of these organs are of an inflammatory or irritant character, either primarily or secondarily; and this should make it self-evident that massage should not be used for their treatment, even if the suffering parts could be reached by it. I will here only allude to many forms of cerebral paralysis from hemorrhage, embolism, and thrombosis, which are followed by sclerosing myelitis of the pyramidal strands, and most forms of primary lateral, posterior, or insular sclerosis of the spinal cord.

It is only charitable to assume that the advocates of massage, who recommend their favorite procedure in such and similar cases, are somewhat at sea with regard to the pathology and diagnosis of diseases of the nervous system.

That which may be good for developing and strengthening healthy muscles, or muscles which have been enfeebled by disuse or certain local morbid conditions, etc., is not for that reason suitable for the treatment of muscular paralysis owing to central disease. In most cases of lateral and insular sclerosis, which are, unfortunately, now much treated with massage and exercise, rest is indicated rather than active exertion; and overstraining of the enfeebled muscles acts prejudicially on the state of the nervous centers. I have recently seen quite a number of instances in which the central disease had been rendered palpably worse by procedures of this kind; and in a case of cerebral paralysis which was some time ago under my care the patient had, after four such sittings, been seized with collapse, which nearly carried him off.

**AWFUL DOSES OF CROTON OIL AND OPIUM.** Surgeon McGregor, M.D., in his book, *On the Principal Diseases affecting European and Native Soldiers in the North-Western Provinces of India*, published in 1843, in Calcutta, states that dysentery and cholera were successfully treated by him by as much as "fifteen drops of croton-oil in the course of twenty minutes, or nineteen drams of laudanum in the same number of successive hours, the doses of croton-oil being occasionally increased to twenty drops," without causing any untoward consequences whatever. Dr. McGregor further states that "the smallest dose of opium given for sedative purposes in hypercatharsis was from

three to six grains; while in cholera it was given to a much greater extent."

Dr. G. C. Wallich, commenting on this in the *British Medical Journal*, says: On the merits or demerits of this practice I have no desire to express any opinion; but of this fact I still entertain a vivid recollection (and what I state can easily be confirmed by other medical officers who were stationed at Kurnal in the years named), that many cases *did unquestionably survive and recover*, if they did not actually owe their recovery to this supremely heroic treatment. Under any circumstances, it must, I think, tend to convince all who give the matter their serious thought, that there is even yet a good deal to be learned concerning the action of some of the most powerful known drugs upon the human organism, when it is already under the fierce spell of some form of blood-poisoning.

**HAY-ASTHMA.**—The editor of the *British Medical Journal* says: Dr. Bulman advised that diluted ointment of the nitrate of mercury should be applied to the eyelids; this he found greatly allayed the conjunctival itching and smarting, and he thought it also diminished the irritability of Schneiderian membrane by being carried into the nostrils with the tears. Dr. Elliotson's favorite remedy was a solution of chlorinated lime or soda, used as a wash to the face and as an inhalation. Arsenic has been praised as a good remedy in hay-asthma. Dr. Ringer states he has found it of little or no value in true hay-fever, that is "where the paroxysmal sneezing is excited by pollen." Dr. Hyde Salter strongly recommended ipecacuanha. We lately met with a case of hay-asthma in the person of a surgeon, who found marked relief from frequently bathing his face with very hot water.

**PULVIS GLYCYRRHIZÆ COMPOSITUS OF THE PRUSSIAN PHARMACOPEIA.**

R	Pulveris senna, . . . . .	℥ j;
	Ext. glycyrrhizæ, . . . . .	℥ j;
	Semin. fœnicul, . . . . .	ss;
	Sulphur. precipit, . . . . .	ss;
	Sacchar. albi, . . . . .	℥ iiij.

M. Dose, one or two teaspoonfuls at bedtime.

Said to be especially useful in constipation with a tendency to hemorrhoids.

**CRYSTALLINE ELATERIN.**—At a meeting of the New York Academy of Medicine in April Dr. Griswold read a note upon crystalline elaterin, which, he said, had been found, after considerable experience, to be



a thoroughly reliable article, and of uniform excellence, while most of the other preparations of elaterium (which was well known to be really one of the most efficient of hydragogue cathartics) were so unsatisfactory and variable in their action, that the profession had to a great extent given up the use of the drug.

**A NEW PROPERTY OF THE RED BLOOD-CORPUSCLES.**—At a meeting of the Italian Medical Association (*Annali Univ. di Med.*) Dr. Fano related his experiments with peptone, and spoke of the rapid cessation of the reaction of peptone in the blood. He demonstrated the transformations of peptone absorbed by the digestive tract or transfused into the blood-current, and how peptone may be transformed and stored up by the morphological elements of the blood. The transformation consists in a process of dehydration, by which the peptones are changed into coagulable albuminoids. The active elements of this transformation are the red corpuscles, which, assimilating the peptones that enter into the circulation, increase the specific weight. It is probably to the potash salts which the red corpuscles contain that this dehydration of the peptones is due, by which they are transformed into globulin. For this process to take place, the presence of oxyhemaglobin is an indispensable condition. The stored-up albuminoids serve as a reserve supply of aliment, which is given up to the tissues as required.—*Medical Record*.

**NOTE ON DISINFECTANTS.**—Dr. W. E. Buck writes in the British Medical Journal: "Most practitioners must have often realized the inefficiency of disinfectants in allaying the fetor of cancerous ulcers, an annoyance which sometimes troubles patients even more than the pain, or the thought of death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fetor, and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda, added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and then covered with rags steeped in the solution. The granulations were kept clean, and the fetor was well kept under. Most disinfectants seem

to lose their virtue after a few days' application, but I have used this one for months in the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap. I venture to recommend it to the favorable consideration of your readers, feeling sure that they will not be disappointed if they try it, and I should be glad to hear the results of their experience."

**REMOVAL OF A MAXILLARY TUMOR BY MEANS OF THE DENTAL ENGINE.**—Mr. F. A. Nixon successfully removed an osseous tumor of the upper jaw by means of this instrument last Saturday in Mercer's Hospital. (*British Medical Journal*.) The patient was a young country girl, and the tumor, which caused considerable deformity, extended upward to the floor of the orbit and backward to the pterygo-maxillary fosse. A great and important advantage in the operation, as performed by Mr. Nixon, was that the small circular steel saws used were employed from the mouth, no incision having been made in the cheek, and an unsightly cicatrix consequently avoided. The operation occupied one hour and ten minutes in performance. No difficulty was met with in using the saws, which, being so small in diameter, one quarter and one half inch respectively, were readily worked in a limited space, and could be guided by touch alone. This, in a difficultly accessible region such as the pterygo-maxillary fosse, is an advantage of no little importance. The patient is progressing favorably.

**TAPEWORM A CAUSE OF APHASIA.**—Dr. Armangué relates (*Jour. de Méd. et de Chir. Prat.*) the case of a woman of sixty who was seized with vertigo, and a few days later lost the memory of words for some days. After the expulsion of a tapeworm there was no return of her nervous troubles. He quotes a case of aphasia in a child cured by the expulsion of numerous tricocephali, published by Daniel Gibson; and a case of aphasia coinciding with tenia, published by Siedel. The editor adds a case of reflex hemiplegia and hemianesthesia, with convulsive seizures, in a little girl of twelve, cured by expelling a tenia, observed by Langer in Germany.—*Medical Record*.

**INFUSION of jequirity, or licorice bean, in inveterate pannus, with an account of several successful cases is reported (Medical Record) by Edward S. Peck, M.D.**



SOME CASES OF FEVER ACCOMPANIED BY HERPES OF THE PHARYNX. — Wm. Dyson, M.D., of Sheffield, reports in the Medical Press, June 20th, four cases of this kind, and concludes as follows: I gathered from frequent professional intercourse with other practitioners that an extensive epidemic of cases similar to the above prevailed in this neighborhood in January last. The exact nature of the disease is not very clear to my mind. It seems unfair to designate by the name of febricula an illness of such great, though short, severity. The aspect of the throat was not like that form of herpes which by the confluence of its vesicles so frequently gives rise to the so-called membranous sore-throat. It is probable that the disease was contagious. Case II probably took it from her sister Case I; and Case IV, the son, from his mother, Case III. The distress in the throat seemed totally disproportionate to the amount of lesion. All the four cases had a distinct neurotic tendency, and this may have been, and must often be, an important element in modifying the amount of pyrexia in acute disease. The delirium at the onset, and the unusually great prostration after the pyrexial stage had subsided, suggest that we had to deal with something more than an ordinary sore-throat and gave anxiety to the doctor and distress to the patient. Side by side with this epidemic, it should be stated that many cases of rheumatic fever occurred which had at the onset pronounced throat symptoms; and a case of typhoid which I saw commenced with severe pain in the joints and sore-throat.

GALIUM APARINE AS A REMEDY FOR CHRONIC ULCERS.—The English Physician, by Nicholas Culpeper, in 1741: "The juice also is very good to close up the lips of green wounds, and the powder of the dried herb strewed thereupon doth the same, and likewise helpeth old ulcers."

MOIST HANDS.—Mr. H. A. Smith writes, in the British Medical Journal: Moisture of the hands (local hyperidrosis) is a purely functional disorder of the skin, due to disturbances of the nervous system. Stout women, generally servant girls, suffer from it, although the fair votaries of the ballroom and members of good society, together with those of lithe and nervous habit, occasionally come under notice. It may or may not be attended with pain and inflammation, dysidrosis or fetor-osmidrosis, or, more rare-

ly, pigment-chromidrosis. As a rule, the axilla and feet sympathize more or less. As the condition appears to be due partly to abnormal vascular conditions, but mostly to irritability or undue stimulation of the vaso-motor nerves, probably of central origin. The following lotion will be found exceedingly useful:

R Liq. plumbi subacetatis, . . . . . ℥iii,  
Sp. vini methylati, . . . . . ℥j,  
Aque rosæ ad, . . . . . ℥x,  
Fiat lotio.

The lotion to dry on, and the hands subsequently to be dusted three times daily with powder composed of equal parts of calamine and starch-powders. The patient should wash the hands always in cold water, and well dry them, and should avoid malt and all fermented liquors, pickles, spices, tea and coffee (taking cocoa), and be sparing in the use of sugar. The lotion failing, she should wash the hands thrice daily with carbolic acid soap in soft water, in which half a dram of extract of belladonna has been previously dissolved, and take a pill containing valerianate of zinc, two grains; quinine, one and one half grains; and extract of belladonna, one fourth grain, with conf. rose q. s., t. d. s. A mixture (if any tingling or burning in the fingers) containing bromide of potassium, digitalis, and a vegetable tonic, will complete the treatment. The belladonna, besides causing vaso-motor paralysis, contracts the unstripped muscular fibers surrounding the arterioles going to supply the sweat-gland, and carbolic acid has a benumbing effect on the nervous filaments supplying these and the papillæ of the skin proper.

SALICYLIC ACID TO AVOID VARIOLA.—The editor of the Southern Clinic certifies, along with Dr. Claridge and Dr. DeCailhol, to the abortive power of salicylic acid in variola, given in the ordinary doses. Dr. Bryce thus concludes: "I believe salicylic acid used early and freely will place small-pox in the category with measles, chicken-pox and other trifling complaints."

IS THERE AN ARACHNOID MEMBRANE?—Dr. Tukes is of opinion that a separate arachnoid membrane does not exist, and that the theory of a subarachnoid space should be given up. In place of this he would describe the brain membranes as twofold, the pia mater and dura mater, and two spaces, the subdural and intrapiamatral spaces.—*Medical Record*.



**ESERINE IN DIARRHEA.**—Dr. Eschle, in the *Neurologisches Centralblatt*, May 15th, reports observations made in the Richter'schen Heilanstalt (Boston Medical and Surgical Journal) on the curative effects of calabar-bean preparations in catarrhal conditions of the digestive tract. Eserine (physostigmin), the alkaloid which with calabarin is found in the seed of the physostigma venenosum, was used some time ago in the same institution, where it gave great satisfaction in quieting maniacal patients, and for such paralytics as were not liable to apoplectic attacks. The action of the drug proved similar to, though more lasting and reliable than that of hyoscyamin. The method of exhibition was by the subcutaneous injection of a one-half-per-cent solution of sulphate of eserine in doses of .001 gram to .0015 grams. Its use was found to be always attended by alteration in the digestive organs. One maniacal patient who cried out continuously was quieted by the use of .0025 grams; this rather large injection caused vomiting and free watery stools. The use of smaller doses quieted the psychical and motor restlessness, and produced sleep without vomiting or defecation. In three other patients (paralytic) stoppage was noted for over thirty-six hours, vomiting occurring only once. Quiet in bed was always ordered. The special object of the communication was to report the results of the use of eserine in three cases of intestinal catarrh.

The first patient suffered from an attack of this nature, causing continual desire to defecate, with a passage every half hour during the second day. Hypodermic injection on this day of .001 gram of the eserine solution produced sleep in an hour and a half, which lasted from two o'clock till evening. No passage occurred until forty-six hours after the injection.

In the second case intestinal catarrh was brought on by a cold. A large number of watery stools were passed during the night and on the following morning. The same dose was administered at 10.30 A. M. The patient complained of general weakness and of numbness in the arm in which the injection was made. The pulse was slowed, but remained moderately strong. At four P. M. a watery passage occurred, after which none until twenty-seven hours after the injection, followed by stoppage of thirty-six hours; there was no vomiting. The patient was quite comfortable on the evening of the day of the injection, having passed the afternoon half asleep.

The third patient, a man of thirty-nine years, suffered from chronic dysentery, acquired in Africa. On the day before the medicine was used, twenty-four bloody stools were counted by the attendants. On the day of the first injection (.001 eserine sulph.) twelve stools were passed of unchanged character. During the twenty-four hours following the second injection (.0015) there were five passages striped with blood, and during the next twenty-four hours four bloody stools. In the two days following the third injection (.0015) seven stools were passed, of which three were accompanied by blood. During the four days following the fourth injection (.0015) the passages varied from one to six, some with and some without blood. Vomiting followed the first two injections only. The writer remarks that, although the last case was not watched to its termination, and although he could not promise himself a perfect cure, the result was sufficiently marked to illustrate the beneficial action of the drug in this dose in limiting the weakening hemorrhages and albuminous stools.

**REPORT OF SEVEN CASES OF TETANUS—ONE RECOVERY.**—This is an interesting paper by an excellent man, Dr. Alexander Erskine, of Memphis, Tenn., in the *Mississippi Valley Medical Monthly*. Dr. Erskine says that chloral gave great comfort in many cases, and he thinks that this remedy effected the cure recorded.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from July 7, 1883, to July 14, 1883.

*Baily, E. I.*, Colonel and Surgeon, in addition to his present duties, to take charge of the office of Medical Director Military Division of the Pacific during the absence of the Medical Director. (Par. 2, S. O. 64, Military Division of the Pacific, June 30, 1883.) *Sutherland, C.*, Colonel and Surgeon, Medical Director Military Division of the Pacific, granted leave of absence for one month, with permission to apply to the Adjutant-General of the Army for extension of two months. (Par. 1, S. O. 64, Military Division of the Pacific, June 30, 1883.) *Campbell, John*, Lieut.-Colonel and Surgeon, Medical Director Department of the South, leave of absence on surgeon's certificate of disability granted by S. O. 50, Department of the South, May 21, 1883, extended one month on surgeon's certificate of disability, with permission to leave the Department of the South. (Par. 7, S. O. 156, A. G. O., July 9, 1883.) *Perley, Harry O.*, Captain and Assistant Surgeon, assigned to duty at Fort Pembina, D. T. (Par. 1, S. O. 118, Department of Dakota, July 5, 1883.)



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CHOLERA. WHAT IS IT?

BY T. S. BELL, M.D.

*Professor of State Medicine and Sanitary Science in the University of Louisville.*

This potential word exercises a very strange power over the human mind. Nations stand affrighted at the utterance of the word. The lessons of experience are forgotten, the indubitable facts upon which all truth stands become nugatory in the frenzied excitement of the mind, and people fail to treasure up observations that would prove valuable if brought into action at the proper time. To recall the lessons of history, to teach the records of nature, to show that when she is heeded her revelations are always beneficent, and when neglected that she exacts a fearful penalty, is the object of this paper. There can be no motive to utter aught but the truth, the whole truth, and nothing but the truth. He that is indifferent to these requirements is unworthy of any place in society or any position in the ranks of the medical profession. The office of that profession is to allay unnecessary fears, to calm the public mind, and to conduct it into avenues of safety and to preserve it in health.

Cholera is always a manifestation of a local condition inimical to health and safety. It never showed itself in any spot on the face of the earth except in obedience to this local condition, and wherever the condition exists, no matter where, the disease will infallibly manifest itself. Why did cholera manifest itself in the army of the Marquis of Hastings in 1817? Because it was encamped on the marshy banks of Scind, in tropical weather, where vegetable decomposition was in a fit condition to produce the fatal poison. The pestilence

was fearful in that portion of the army near the focal point; that portion of the army encamped away from the river was perfectly healthy, and remained in that condition. The army was ordered to leave the seat of pestilence, and was marched to the hills, where the pestilence ceased. It could be tracked by the skeletons it dropped in its journey to the hills. When the army was in reach of the cause, the pestilence raged fearfully; when it reached the hills, there being no cause for pestilence there, sickness ceased, thus vindicating the fact that the intelligent authorities knew the nature of that cause, which when present caused the havoc, which when modified modified the disease, and which when absent prevented its ravages. If, with the eyes of our reason we were to survey all such outbreaks we should invariably find the local circumstances that cause them.

Dr. Farr, the Registrar-General of England, looked upon the developments of the disease over a wide-spread area. He looked with the eyes of a philosophic master. He observed with the desire to find the truth, and he endeavored to proclaim that truth with all the clearness in which it presented itself to him. He said, "Cholera is a health inspector whose decrees are infallible, whose requirements are inexorable."

Professor Charles Caldwell, whose medical sagacity was often almost intuitive, said, "Cholera, though a fatal scourge to the world, will, through the wise and beneficent dispensation under which we live, be productive of consequences favorable alike to science and humanity. Besides being instrumental in throwing much light on the practice of physic, it will prove highly influential in extinguishing the belief in pestilential contagion and bringing into disrepute the quarantine and sanitary establishments that have hitherto existed."

There are occasionally gleams of hope in



the utterances of leading members of the medical profession, that foolish chimeras, jejune statements and inanities on the great scourge of the world will cease their warfare against reason, fact, and truth, and permit a ripened, clear and matured judgment to exercise its sway over this vital matter of public concern.

In 1848, the British and Foreign Medical Review contained an able and philosophical examination of an immense number of facts connected with the features of cholera, as displayed over a vast extent of the earth's surface. After reviewing these facts the writer closes with these consolatory reflections: "The true philosophy of medicine is the knowledge of the causes of disease, or, if these causes be too subtle and refined for our gross senses, it is the knowledge of the several conditions external or internal to the body which give those causes power. In the future history of medicine we shall see men returning to the principles promulgated by its earliest founders. They will perceive that the treatment of the fully formed disease is at the same time the most difficult and the least useful part of this noble profession. They will learn to arrest the evil at the fountain-head, and not to dam the current swollen by a thousand tributaries. And if the principles which we have analyzed in this article be correct, it will not be the least triumph of this philosophy that it has indicated the true mode in which the great epidemic of our time can be most easily and most effectually controlled. It bars out the disease, not with quarantines and cordon sanitaires, but with a cleanly people and uncontaminated air. *The evil which springs from the bosom of nature only needs for its removal an observance of the rules which nature herself reveals.*" The italics are ours.

There are a vast number of prelections upon the contaminations of drinking-water as the cause of enteric fever, contaminations which even the mighty powers of the earth can not remove, according to the assertions of some of the whimsical philosophers who advocate the guess-work involved. But if drinking-water thus becomes contaminated, why may not the air become impure by admixtures of noxious agents? We know that these noxious agents do thus act, because we have many records of men who undertook to plow fields in hot weather—and slept in these fields—every one of whom was found dead next morning. Occurrences similar to this have often taken place in the

Campagni di Roma. In that region of verdure called the Maremma di Lucca, in Tuscany, extending from Florence to the shores of the Mediterranean, we know that for centuries the inhabitants never lived at home from the first of July, until October, sometimes November, with their frosts put an end to the reign of the poison. This evil has ceased, through the control exercised by an exact knowledge of the character of the conditions from which the poison derived its potency. We shall recur to this again while on this subject.

I am often asked whether certain cases of cholera are instances of the Asiatic variety. I answer, no; they are home-productions, precisely as cases of intermittent fever are. Asia produces intermittent fever analogous to our forms of the fever. The cases which occur in Asia are Asiatic; those that take place in this country are home-productions, or cases of American intermittent fever. The two forms are precisely alike in origin, paroxysms, and termination. In a similar way those cases of cholera that occur in Asia are Asiatic; those which we have in America are cases of American cholera. The features of the one are alike in every thing to those in the other. In Asia some cases die in an hour after the first symptom shows itself; such cases occur here. In Asia many fatal cases have neither vomiting nor purging; many such cases have been seen here. In all attacks of cholera in Asia there is a total suppression of every secretion, of every nutritive force, of every thing like the circulation of the blood. These are equivalent to death. Precisely similar phenomena are found in every endemic of cholera in Louisville. In these conditions of the forces of animal life, in the cases that appear in Asia, the brain towers aloft serenely, and is often mischievous in its trickery. It is often astonishing, when the flitting shadows of life are about sinking from view, to see the calm, self-possessed, clear and active state of the mind in choleraic patients. That which is the rule in Asiatic cases is equally present in Louisville attacks. There is not a single sign of the disease in Asia that is not conspicuous in the seizures in Louisville. There is not the shadow of difference in the character of the attacks, whether one set are in Asia and the other in Louisville. An attack of intermittent fever is precisely the same as an attack of that disease in Louisville. Why should one be called Bothnia fever, the other Louisville fever.



In Asia there are large regions among the places devastated with cholera that have never had a case of the disease in them. One village may be severely visited one season; another village in the immediate vicinity of it, having intimate intercourse with the afflicted one, has never had a case of disease among its inhabitants. That is precisely the history of the disease in the United States. How is it that Sundeeep in the sunderbunds along the Bay of Bengal always escaped from cholera, while the ravages around it were deadful. The escape was not due to the want of intercourse.

Kristofsky, near St. Petersburg, was perfectly free from the disease while St. Petersburg was severely ravaged, and there was constant intercourse between the two places. Vienna suffered severely from cholera; it raged around the Faubourg Leopoldstadt at Vienna, but this Faubourg escaped. The intercourse between this and the ravaged parts of Vienna was constant.

In 1833, Lexington, Ky., was very severely ravaged with cholera—more than one half the population of Lexington fled from it. They did not carry the disease nor spread it. The intercourse between Lexington and Versailles was very intimate, daily interchanges of visits took place, but there was not a case in Versailles.

Then, again, "The testimony is conclusive that the German villages of Galicia have always been spared; this exemption is due to their cleanliness, but many places around these villages that were noted for their insanitary condition the disease ravaged severely. The town of Sarepta, noted for its thorough cleanliness, has always escaped a visitation of cholera, while neighboring places, not conspicuous for cleanliness, suffered from its fatal ravages. In Hindostan the natives universally noticed that villages very unhealthy and exposed to the exhalations from marshes, rivers, and lakes, were sure to suffer; while other places in different conditions entirely escaped. Mr. Jameson, who gathered these facts on a large scale, had his attention called to this feature by noticing the towns of Muttra and Agra. Muttra, often spelled Mathura, is a very filthy, crowded town. Although it was forty miles nearer the line of cholera than Agra, the latter being dry and airy, Muttra was fatally assailed while Agra was scarcely touched. Jameson says these facts are true about the whole of India. It was often noticed in India that the wives of soldiers, twenty-three out of one

hundred and fifty-nine dying with cholera, while among forty-two ladies in the barracks there was not a single case. These then are the testimonies of India on this subject. Surely those who are affected with an Asiatic mania, whenever cholera is mentioned, can afford to listen to these potent voices from Asia.

Before leaving Asia I beg leave to call attention to important facts connected with a celebrated spot in India. It has important features that are very instructive, and to which we can not give too much heed. In the midst of an immense granitic plain an immense granite rock shoots up five hundred feet. Upon the summit of this rock the British determined to erect a fort, because of its commanding position. There were no springs nor streams there to supply it with water. The engineers had capacious cisterns cut in the granite, and relied upon rain-water for the garrison. The fort was called Fort Bellary. It soon became notorious for the ravages of cholera. It is the only place in the world that was known to have cholera annually. It was very fatal. The garrison was composed of infantry, cavalry, and artillery, and the hillsides were well covered with the graves of these members of the force. It was noticed that while cholera ravaged the fort annually, no case had ever occurred in the Bazar in the plain near the foot of the hill.

When McGregor became Medical Director of the British forces in India, he determined to make a personal inspection of Fort Bellary. It was high time that some one should do this. He went to the scene of these annual ravages, and speedily unveiled the mystery. He found immense masses of decaying vegetable matter about the water-tanks, where the horses were fed and watered. He ordered the immediate removal of this mass, and provided for thorough drainage so as to cut off the supply of moisture. He instituted proper measures for feeding and watering the animals, and required that due attention should be paid to daily cleanliness. From that time down to the present, through a period of over thirty years, there has never been a case of cholera at Fort Bellary. In all cases, if we change a place, that has had cholera, into the exact similitude of a place that never had a case, we acquit ourselves of a public duty under the guidance of a supreme wisdom, and we then feel that our labors are not vain. Since Medical Director McGregor performed this duty at Fort



Bellary, no mortal has ever been able to make cholera "travel" to Fort Bellary, nor to "travel" from it. McGregor struck it a deadly blow, and at Fort Bellary it has been a nonentity ever since. This was a medical duty recognized and effectively performed.

The question naturally springs up and demands an answer, Have such results followed similar labors elsewhere besides Fort Bellary? We do not know an instance to the contrary. We have been intimate with such scenes for nearly fifty-one years, and in that extensive experience we have never known a spot visited by cholera, the condition of which was so changed as to resemble places that never had a case of the disease, in which it ever appeared again. There is no more reason to apprehend that cholera can again attack Market Street between Tenth and Eleventh streets, than we have to apprehend any other impossibility. No one feels any more fear that it can again attack both sides of Jefferson Street, beginning at the corner of Jackson Street, as it did in 1850, than that it can sweep the Galt House or Louisville Hotel clear of inhabitants. No effect can come without a cause. When a cause is absent, the effect can not appear. No one has any uneasiness that it may again show itself on the corner of Ninth and Jefferson and ravage nearly up to Eighth Street, as it did in 1832. There are many hundreds of squares in Louisville that never have had a case of cholera in them. It is perfectly reasonable to feel sure that if we put every square in the city in the condition that those were in when cholera failed to attack them, we shall shut it out completely. This seems as plain to us as that twice four make eight. Many places here that had a cholera visitation in 1832 never have had a case since. Spots that had a visitation in 1833, and were changed, never have been afflicted with cholera since, nor any thing akin to it down to this moment.

We shall record the triumphant labors of Dr. Shapter, at Exeter, England, and those that have saved the great lunatic asylum at Bethlehem, England, ever since 1832. But the especial points of the inquiry on this interesting matter will be devoted to home. We prefer this, because the facts can be denied or proven most easily where all of them are best known among living witnesses. To this inquiry we shall devote the next number of this series. In the meantime we urge upon all the necessity of thorough

cleanliness and dryness at home, and in all their surroundings, as the price at which health may be secured.

The question is often asked, with deep solicitude, when we hear that the disease has broken out any where, Are we going to have cholera here? We can enable each one to answer this question for himself. Very carefully examine your premises, leave nothing uninvestigated; then thoroughly know the condition of all your surroundings, for it should be well recognized that, if some neighbor has dangerous premises, you can not be safe. Let each one see that his own house and grounds are dry, airy, and clean, that the contents of his privy-pit are at least three feet below the surface, and in this state of things he may feel perfectly secure so far as his own premises are concerned. Then, if he finds a damp spot where vegetable material is decomposing, let him take the proper steps for removing that. All this being done, he may feel as certain that he has nothing to fear from cholera as he can feel in any earthly matter. In examining his premises he may overlook a source of great danger. The surface may look dry, but there may be water beneath it that may imperil life—if so, drain this water off.

LOUISVILLE, KY.

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STRYCHNIA IN ALCOHOLISM.—M. Lecuyé claims that strychnia is to alcoholism what mercury and the iodide of potassium are to syphilis. It cures delirium tremens, diminishes the gravity of wounds and inflammations occurring in drunkards, and wards off epilepsy and alcoholic insanity. Alcoholism should not be treated symptomatically by various remedies, but as a general disease; and the agent for so treating it is strychnia, which will remedy all nervous or cardiac, cerebral or gastric disturbances. M. Lecuyé prefers the sulphate, and administers this by subcutaneous injection on account of the usual indocility of these patients and the necessity of acting upon them rapidly. He dissolves thirty centigrams in thirty grams of water; and, according to the gravity of the case, injects the whole or one half of a Pravaz syringeful. Not more than a centigram should be injected at once, and this may be repeated, under watchful guidance, every two hours. In some cases one centigram per diem suffices, while in others seven may be injected in fifteen hours without inducing symptoms of strychnism.



## Miscellany.

ERRONEOUS OLD BELIEFS.—Mr. E. G. Gilbert, M.R.C.S., in his oration before the Hunterian Society lately delivered in London, declares it as his conviction that sulphuric acid has not only no astringent power in bowel affections, but that it often aggravates diarrheas even in small doses. He does not believe in tonics, and he says that convalescents recover as rapidly and as thoroughly without them as with them. Twenty-one days seem to be the duration of nearly all the cases of enteric fever. Of puerperal fever he says, speaking of the common uniformity in diseases: "Puerperal fever is, I suppose, one of the most variable acute diseases, and of that I have seen very many more or less mild examples; and every one in large midwifery practice will recognize the uniform character of its onset and first symptoms—the rigor at the beginning of the third day after parturition, followed by other rigors, the rise of temperature, the quick soft pulse, the sweating skin, the sub-delirium, the offensive lochia (having always the same smell), and, if the disorder do not soon subside, the diarrhea and tympanites. I often wonder why puerperal fever is so commonly thought of as necessarily a most formidable complaint (as the severe form of it is), when such cases as I have referred to, ending in recovery in a few days or weeks, are so common."

Of teething he says: "Another prevalent theory affecting the daily practice of the general practitioner, and an idea with which I started well imbued, I have had to relinquish as the result of the most careful observation in innumerable instances, and hence can not but suggest that it may be a fallacy despite its wide-spread acceptance. Mistaken ideas do sometimes gain general acceptance when they emanate from a quarter in which mistakes are but seldom made, and tally to a certain extent with our previous experience. I refer now to the suffering and disorders which are supposed to arise from cutting the first set of teeth, and more particularly to convulsions said to occur from teething. I believe that when Dr. Marshall Hall had made his famous discovery of the reflex action of the nervous system, he thought this was the commonest and most striking pathological example of it, and that that belief has continued to the present time. I still always have my gum-lancet about me, but I very

rarely find any child's gums red or swollen, even ever so little, over an advancing tooth; and when I do, it is always in association with some more widely diffused stomatitis; while I still more rarely fail to find distinct, though sometimes slight, evidence of gastrointestinal irritation. In order to make at all sure of this latter point, it is often necessary to cross-examine the mother carefully, and to examine the evacuations personally, while, as to the former, positive evidence on her part is equally unreliable. The statements of women, that their children have convulsions, or diarrhea, or what not, every time they cut a tooth, are utterly fallacious. Most of them think their babies have some tooth about to come through until the last has made its appearance. Infants subject to diarrhea, or cough, or convulsions, have seemed to me to have attacks of these disorders as often in the intervals of dentition as when a tooth was about to emerge. I have often, too, made the experiment of lancing the gum over prominent teeth, to see if such disorders would be influenced thereby, and with a negative result. I never had a child brought to me from pain or irritation in cutting one of the second set of teeth. Is there any reason why this should be painless, if cutting the first is so painful?"

[On these points we are not prepared to express a positive opinion at present. The probability is, however, that Mr. Gilbert is correct, since most things in medicine of general popular belief are untrue. Thought and skepticism are sadly needed even in our profession.]

PRECAUTIONS IN SEA-BATHING.—However suitable as a valuable tonic restorative bathing in the open sea may be in the case of any particular person, the good effects of a sea-bath may be missed if the bather do not give heed to certain well ascertained rules which ought to guide his proceedings. (The British Medical Journal). The good effects of a plunge in the sea are in proportion to the vigor of the reaction which is excited in the bather's body by the shock of immersion. The more marked and prolonged the reaction the better; it should be the bathers object, to quote the words of an eminent physician, to secure the greatest possible amount of stimulation, and to insure as long as possible the persistence of the increased vigor of nutrition. The time of bathing is important. It is a common error to suppose it is best to bathe before



breakfast. The very robust may possibly bathe then with impunity, but, even for them, the practice of plunging into the sea in the early morning, fasting, is not free from risk; while, for the weakly, such course is positively prejudicial. After the long fast of the sleeping hours, the vital functions fall to a relatively low ebb, and they are liable to undue depression from such a severe shock as a cold sea-bath. Neither ought bathing to be practiced immediately after taking a meal; it is then likely to cause troublesome symptoms by suddenly arresting the digestive processes. Probably the best results are obtainable from sea-bathing at a time midway between breakfast and luncheon, that is, from two to three hours after the early morning meal, when the body has been nourished after the fasting of the night, and when the stomach has had time in great part to dispose of its contents. A bather should never enter the sea while under the influence of emotional excitement; if the nervous force be unduly concentrated in any single direction, a sea-bath is likely to produce nervous depression rather than stimulation. A bather should not stand hesitatingly by the water's edge until he becomes cold and shivering, but plunge boldly into the sea at once. It is another popular error to suppose that the skin should be cooled before entering the sea; if the bather be chilled just before his bath, circulatory depression rather than reaction is apt to arise, leaving him with a sense of coldness and weakness rather than of warmth and invigoration. To get its best results, a sea-bath must not be too prolonged. It has been laid down as a rule by a well known authority that no one bathing for health only should remain in the open sea for more than ten minutes. Even a shorter immersion than this will probably best suit all but the strongest persons. The bather must not stay in the sea until the reactive stimulation of his bath has passed away. His object ought to be to excite an energetic reaction, and then to leave the water. From too long immersion in the open sea, the skin becomes unduly cooled, and the circulation and nervous system depressed, so that exhaustion, *malaise*, and shivering are apt to arise, instead of a feeling of renewed vigor, well-being, and warmth.

THE HOME AS A SANITARY UNIT.—No class has done so much for sanitation as the medical profession, and, indeed, it is mainly

by their efforts, aided immediately in mechanical matters by the gentleman who describe themselves as sanitary engineers, that the progress has been effected in public and private sanitation which has resulted in the annual saving of many thousands of lives. (British Medical Journal). This addition we have lately been told, on the highest authority, amounts to a gain of two years added to every individual life, in relation only to the progress of the last ten years. It must, however, always be remembered, and this is a lesson which medical men, who are largely occupied in the homes of the people, as well as being public advisers of local communities, can enforce better than any other persons, that it is to the work of the individual, and to private initiative, that we must look for the major part of the further victories yet to be won. The State can do much in the way of regulation and assistance, but it is for the householder, for the capitalist, for the philanthropist, for the working man, each in his own class and in his own capacity, to realize the vast importance of helping himself and helping his neighbor in this great work.

EXHAUSTED RAILWAY SERVANTS.—With alarming frequency we have lately heard of exhausted railway servants failing to keep awake at their posts. (The British Medical Journal). Last week, on one of the chief and busiest railroads in the kingdom, a disaster was imminent, because an engine-driver and his fireman fell asleep on their engine, in front of the Irish mail. We are informed that an engine had taken an excursion train to Bangor, and was returning with a train of empty carriages to Chester. Just after midnight this train left Llandudno Junction all right, and should have passed Colwyn some minutes afterward, but, as half an hour elapsed and its passing was not signaled, the officials became alarmed. The Irish mail from London to Holyhead was due to pass Llandudno Junction about one o'clock; but, fortunately, the driver saw the lights against him and stopped his train. An inspector went down the line, and found the empty excursion train at a standstill on the rails. The driver and fireman were fast asleep on their engine, and the fire in the fire-box was almost out. Had not the block system been in perfect operation an appalling accident might have resulted, as the mail train runs at great speed from Holyhead to Chester without stopping. It is reported that the driver and fireman who



fell asleep misrepresented at Bangor the time they had been on duty, or they would not have been allowed to proceed on their return journey. This striking instance again makes clear the peril to which the traveling public is exposed from the risk of exhausted railway servants succumbing to fatigue at their posts. The legislature has long ago limited by stringent enactment the hours of toil in our factories, but it still leaves the work of the railway servant unrestricted. If railway companies were liable to legal process for overworking their servants, and not merely for proved damages arising in consequence of such overwork, and if efficient care were taken to render misrepresentation impossible on the part of the railway servants, as to the time they have been on duty, it is not improbable that railway "accidents" might become less frequent. With increasing traffic on our railroads, and with increasing speed in trains, the points to which we have referred urgently demand general and complete revision and safe adjustment.

**MEDICAL LIFE PEERS.**—The elevation to the peerage of Sir Beauchamp Seymour and Sir Garnet Wolseley, and the granting of a baronetcy to Sir Spencer Wells, are enough to cause thoughtful Englishmen to ask themselves if they distribute their honors and rewards with justice and wisdom. A sailor and a soldier, because they have brought a petty war against a feeble foe to a speedy conclusion, are granted peerages, pensions, decorations, and rewards; while a surgeon, who has raised an operation, which a few years ago was looked upon as an act of butchery, to be one of the most successful in surgery, is given a baronetcy. It is true that this sailor has commanded a fleet, and this soldier an army, each of which has killed a thousand Egyptians; but, on the other hand, this surgeon has saved the lives of a thousand Englishwomen by his own hand. The soldier and sailor have had distinctions showered upon them by a Christian nation, that mockingly prays, to the Almighty, "Give peace in our time, O Lord," while it glorifies war in the persons of those who carry it on, and selects them as the fittest men in the nation to produce a race of hereditary senators.

Which of these three men have done most for the good of England and the human race? Which should have had the greatest honor done them? How long will the noble profession of medicine allow itself to be passed over with cold disdain, while

soldiers, sailors, lawyers, clergymen, porters, brewers, and even secretaries to prime ministers are made peers of the realm? Are there not among our leaders men who would confer more honor on the peerage than the peerage could confer on them? Life-peerages, and not baronetcies, are the only just rewards of our foremost men.

As this is not a subject that the heads of the profession can take up, it remains for the members of our Association in their Branches to agitate for this reform.—*British Medical Journal*.

**THE CHOLERA IN EGYPT.**—Not a single death has occurred from cholera among the British troops in Egypt. Abundant supplies of antiseptics were already on the spot, and additional stores have been forwarded. The epidemic is almost wholly confined to Damietta and the surrounding lowlying district, as shown by the telegrams published further on. As far as can be seen at present, the panic which has spread over Europe, and especially in France and Spain, is not justified by the actual amount of disease in Egypt. As regards the treatment of the outbreak if it spreads to the British troops, the same precautions will be observed as under similar conditions in India.

**A VICTIM TO PROFESSIONAL DUTY.**—On June 8th, the profession in Russia suffered a severe loss in the death of Dr. Dubrovo, the editor of the *Annals of the Moscow Chirurgical Society*, who sacrificed his life while fulfilling his noble duty. On June 2d, he was called upon to perform tracheotomy on a diphtheritic girl. He became infected by the sudden coughing out of diphtheritic membranes from the patient's larynx. Six days later he died of diphtheria.

**BODY TEMPERATURE IN DIFFERENT SITUATIONS.**—Dr. Henry L. Taylar, in *New York Medical Record*, writes that the difference between the axillary and rectal or vaginal temperature in typhoid fever, while usually about a degree higher in the latter situation, may vary as much as 2° F., sometimes in favor of the axilla, sometimes of the rectum or vagina.

**METEORIC DUST.**—A metallic substance in powder or small granules has been sent to the Science News laboratory for examination. It proves to be meteoric dust, largely composed of iron, nickel, and silica. Dr. Batchelder, of Pelham, N. H., who sent the



specimen, states that he collected the dust on the walk in front of his house after a smart thunder-shower. It is probable that large quantities of this material fall upon the earth, but remain unnoticed. Much of the iron found in soils is due to precipitation from the interstellar spaces, the particles becoming entangled in our atmosphere.—*Popular Science News*.

PROLONGED GESTATION.—Dr. E. M. Reid relates the case of a patient who bore a child after a gestation lasting two hundred and ninety-five days, at least. *Circumstances were such that the parents were separated during that period previous to the birth of the child.* Dr. Reid is of the opinion that the prolongation of the gestation was produced by the fact that in its course the patient had several copious hemorrhages, viz., on the 177th, 183d, 189th, and on the 213th day another very profuse hemorrhage took place.—*Brit. Med. Jour.*

[The italics in the above are ours. Dr. Daniel Drake, when Professor of Theory and Practice in the University of Louisville, used to tell the students of a striking example of the power of habit. A woman of his acquaintance in Ohio had for a long time borne a child to her husband every year. She continued this habit for two years after her husband's death. This might be called an instance of parturient cachexia.]

ROWDYISM BY STUDENTS AT THE EDINBURGH THEATER ROYAL.—We regret to state that the Edinburgh students have again been distinguished by highly unbecoming conduct at the Edinburgh Theater Royal. In the course of a performance by Miss Palmer, a talented young American actress—who, we fear, must have formed strange impressions of Scotch students—a scene of riot and ill-mannered buffoonery ensued. These gentlemanly youths yelled and mimicked actors and actresses alike. With their pockets loaded with peas and gravel, they pelted the occupants of the stalls and stage, until, becoming enraged, the other occupants of the gallery set upon them, and a free fight followed. Ultimately nine of them were arrested and lodged in the police-station for the night, and the performance was allowed to proceed after a delay of twenty minutes.—*Ibid.*

THE AMERICAN MEDICAL ASSOCIATION JOURNAL.—The Kansas and Missouri Medical Index says: "We believe it is a univer-

sal opinion among such as are familiar with medical journalism, that the effort about to be made to publish a weekly journal under the auspices and control of the American Medical Association will be a failure. We repeat this as a largely prevailing opinion." Brother Dickman, did it never occur to you that such sentiments as these expose you to the charge of "Ishmaelitism?" We must be extremely careful how we express ourselves on such subjects. Any thing but fulsome flattery is very apt to be construed as enmity in certain quarters.—*Medical Age*.

SEA-WEEDS AND LAND-WEEDS.—London papers say that "the secretary to the Royal Botanic Society recently tried the novel experiment of planting sea-weeds in ordinary earth. It would naturally be supposed that these 'flowers of the ocean' would not flourish away from their native element; but this is not the case, most of the specimens planted having grown admirably in soil which is constantly kept in a moist condition." The result is both curious and suggestive.

IMPURE DRUGS.—The man, Lacante, a wholesale druggist, who has been convicted of adulterating the quinine which he supplied by contract to the Paris Hospital, has been condemned to a year's imprisonment and a fine of fifty francs, and the insertion of the judgment at his own expense in a number of the leading newspapers. In many of our hospitals—most of the leading ones, we believe—the purity of the drugs is carefully tested by the chief dispenser. Is it done in all?—*Brit. Med. Jour.*

URTICARIA AND ASTHMA FROM RABBIT. A young lady at dinner, apparently in good health, partook of some rabbit, and in ten minutes or so after she was attacked with acute urticaria, showing large erythematous patches and weals very prominent on face and neck. She then was seized with violent attacks of spasmodic asthma, which obliged her to leave the table. I inquired if she had ever suffered thus before, and she informed me she had after eating hare. I have seen several instances of urticaria, and one case in conjunction with spasmodic asthma, after eating hare, showing this peculiar idiosyncrasy in individuals to certain articles of food.—*Dr. James Startin, in the Lancet*.

THE weekly issue of the British Medical Journal is increased to 11,500 copies.



# The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }  
L. S. McMURTRY, A.M., M.D., - - - } Editors.

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## A CHANGE.

The readers of the NEWS will observe with regret that Dr. McMurtry has severed his connection with this journal. For nearly a twelvemonth Dr. McMurtry has labored earnestly and industriously as one of the editors of the NEWS, and the good work done by his fluent pen has been complimentarily recognized by the medical press in frequent quotations from his editorials. It is but just to say in this connection that Dr. McMurtry has written the major number of the editorials of the NEWS during his connection with it. In parting with our colleague we wish him the highest success in all his undertakings, and though no longer co-editor of the NEWS we hope he may be a frequent contributor to its pages.

Dr. Cottell takes Dr. McMurtry's place on the NEWS. As an editorial associate of the late Prof. Cowling, and subsequently of Prof. Holland, in the editorship of the NEWS, Dr. Cottell gained an enviable reputation. Our new associate is an experienced physician, an ardent scientist, a thorough scholar, a forcible and attractive writer. We are most fortunate in securing the services of so able a co-editor, and we confidently promise our readers that the NEWS in all its departments will be conducted as it has been heretofore, with an eye single to the best interests of the profession.

## VALEDICTORY.

With this number the undersigned retires from the editorship of this journal. Almost a year has elapsed since the responsible and exacting duties connected with the position were assumed, and the readers of the NEWS must judge as to the fidelity with which the trust has been discharged. In these labors the writer has been actuated solely by an earnest desire to make the journal of real practical value to the medical practitioner and to promote the interests of the medical profession. With a genuine love for the work, he has endeavored to discharge these duties conscientiously, appreciating the responsibility and looking always to the worthy purposes to be subserved. In taking leave the writer can not but express his appreciation of the aid and support which have been so freely extended by members of the profession to the Editors of the NEWS, and which have contributed in great degree to whatever of success has been attained. To the members of the medical press he is under obligations for many acts of courtesy and kindness, and to the publishers and printers of the NEWS, acknowledgment is due for their uniform courtesy and co-operation.

This change will in no manner affect the efficiency and usefulness of the journal, since my colleague, Dr. Lunsford P. Yandell, will continue to give to the work those services which have made him so widely and favorably known in connection with medical literature. In these labors he will be aided by Dr. H. A. Cottell, who by former connection with the NEWS has demonstrated his fitness for the work.

Thus it will be seen that the NEWS will continue in the hands of its tried friends who are eminently capable of maintaining its excellence and extending its influence. It seems almost needless for the writer to add that his best wishes will ever remain with the NEWS, and he would ask those good friends, for whose oft-repeated kindly acts and encouraging words he feels most



grateful, to continue their support to a cause in which his best sympathies are enlisted.

L. S. MCMURTRY.

### FOOLISHNESS.

A writer in the British Medical Journal attributes the frequency of stone in the bladder occurring in the inhabitants of certain regions of India to their habit of squatting in micturition. Were this position productive of vesical calculus, women should every where be thus afflicted.

When the shower of stars, as it was called, occurred some scores of years since, a citizen of Lexington, Kentucky, accounted for it by the numerous rope-walks then in operation there.

A writer in the New York Medical Record urges that fine sand is good for dyspeptics to take, since the quadrupeds and fowls who all get much dirt in their food suffer little from dyspepsia. He claims to have gotten excellent results from giving fine sand to his patients. Bearing on this subject is the nursery proverb, "We all have to eat a peck of dirt before we die;" also the comment on the timid man, "He needs sand in his gizzard." We once knew a lunatic who frequently ate roasted buckeyes and followed them by a number of gravel, to grind them up, he said.

A writer in an exchange writes as follows:

Seeing an article in the — in regard to the efficacy of oxide of zinc in eczema, the virtues of which I can fully attest, having used it with a greater degree of success than all the other remedies. I have even tried using it in the *form of ointment*, and also in the powder, . . . and in cases of small children giving *large doses* of calomel, giving a dose each night at bed-time for several nights in succession, followed in the morning with castor oil; then prescribing it every other night, regulating the dose *entirely* by the degree of its cathartic effect, using no other internal remedy.

The diet consisting of dry bread, lime-water, and milk, and just merely in such quantities to satisfy the cravings of hunger when called upon by the patient—young or old—letting them dwell on or within the boundary line of starvation.

*Exercise in the open air with bare head, so that the entire body will be enveloped by the rays of the sun. In other words, abandon hats, bonnets, parasols, umbrellas, top-buggies, or any thing else that will exclude the sun's rays when it can with any degree of propriety be done.*

I do not say this course of treatment is infallible, but it is the best I have ever tried and I fully believe in the majority of cases will be found *very efficacious*.

Noticing the writer's commendation of oxide-of-zinc ointment and calomel in the treatment in eczema, one wonders if the Ohio man ever tried quinine in intermittent fever or water for thirst. His diet is absurd and horrible. His sun-bath it is to be feared he has used on himself to his sore cerebral derangement.

That snakes may be developed from horse hairs in water, was declared probable in an editorial in one of the English medical journals some months since.

A Michigan doctor reported, in Detroit Medical Journal, a child crying before his head was out of the womb; and an Australian doctor reported that a lot of canibals were poisoned and died from eating a man who had syphilis. Many of the journals copied these last two literary curiosities without any expression of incredulity.

"Hyrtl, the anatomist," says the Weekly Medical Review, "regards the tartar which collects on the teeth as the natural means intended for their preservation, the dentists to the contrary, notwithstanding."

These are on a par with the statement in some of the ancient *materia medicas*, that the leaves of the sweet flag, placed under the couch of the parturient woman, will promote the expulsion of the fetus, and that the leaves must at once be removed on the birth of the child lest they cause the expulsion of the womb also.

Nothing is too absurd for some one to assert, and nothing is too silly for many to believe. The journalist who allows, through carelessness or ignorance, error to pass unchallenged, is guilty of a grave offense against science.



## Bibliography.

**Journal of the American Medical Association.**  
N. S. Davis, M.D., LL.D., editor. Chicago, Ill.

The first copy of this journal is before us. It contains thirty-two pages. It is not imposing in appearance, as we had rather expected the "Official Organ of the American Medical Association" to be; but it is not pretentious. It is modest, mild, and thoroughly genteel. Its first seventeen pages are occupied by the Association's proceedings at its last meeting. Following these are two brief articles by Chicago doctors. Then come several pages of translations from French, Italian, Algerian, and Spanish journals, to which are added extracts from Irish, Scotch, Canada, and American journals. Half a page is placed under the heading "Editorial." A Philadelphia letter, chiefly made up of the Philadelphia Medical Society Proceedings of *June 20th*, takes a page and a half; a Washington letter, suggesting a Medical Benefit Society, covers half a page; some proceedings of the Chicago Medical Society of *May 7th*, relative to "Medical Teaching and Licensing to Practice," fill nearly a page; and the last page contains eight items telling when certain medical societies met, who they elected president, and when they will meet next year, and gives four medical college items, and concludes with the acknowledgment of two books received. The editor declares his intention to secure a full corps of medical correspondents, and announces that "many original papers and communications besides those coming from the National Association will be needed" to fill the journal. The editor has our best wishes and most cordial sympathies in the trying work before him. New enterprises are all more or less hazardous and in this irreverent, not to say iconoclastic age, no man, however pure and noble and philanthropic and venerable and gifted, is safe from severe criticism. The work of the public man, whatever be his worth, is a target free for all tongues and pens to try themselves on. In the army of medicine as in that of Mars, the age of the soldier goes for nothing, either in helping to promotion or in preventing abasement. Capacity for the work in hand is the only necessary equipment recognized. The cause and not the man is considered. The distinguished editor of the National Journal will find the NEWS a true friend and an honest critic, ever wishing well to him and his in all things.

**Hand-book of Electro-Therapeutics.** By Dr. WILHELM ERB, Professor in the University of Leipzig. Translated by L. PUTZEL, M.D., Neurologist to Randall's Island Hospital, etc. June number of Wood's Library of Standard Medical Authors. New York: William Wood & Co. 1883.

This work, which is a series of thirty-six lectures, is divided into five parts. Part first (physical) considers the kinds of electricity, accessory apparatus, and the laws governing the diffusion of the current, with their application in electro-therapeutics. Part second (physiological) discusses the effects of electricity on the healthy living body. Part third is devoted to methods of electrical examination and electro-diagnosis. Part fourth to general electro-therapeutics, and part fifth to special electro-therapeutics.

The treatise, though concise, is sufficiently full for a careful survey of the subject in hand. It may be thought somewhat too learned and technical for the general practitioner, and indeed much of the first and second parts of the work is profound and abstruse; but, in the parts which follow, the practical side of the subject has received such attention as to render the book especially attractive to those who do not make electro-therapeutics a matter of special study. A short description of the symptoms of each nervous affection, with a statement of its pathology so far as known, prefaces each paragraph on electro-therapy. These, with reports of cases treated by the latest approved methods of the art, give the work a most useful and practical turn.

Though electricity in medicine has long been left to the specialist, and even in his hands made to do service in but a limited sphere only, still not a few doctors keep batteries which they occasionally use. Such physicians will doubtless appreciate the advantage of having at hand, in cheap form, a compact volume containing all of importance known of this subject up to the present time.

The book, therefore, can not fail of usefulness, and Messrs. Wood & Co. do well to give it wide circulation through one of their most popular series of medical publications.

**A CLINICAL STUDY OF SYPHILIS OF THE EYE AND ITS APPENDAGES.** By Leartus Connor, A. M., M. D., of Detroit, Michigan. From the American Journal of the Medical Sciences. April, 1883.



## Correspondence.

### LONDON LETTER.

*Editors Louisville Medical News:*

To speak of the hospitals of London and the men connected with them, in detail, would certainly be a very arduous task, therefore, what I shall say may appear somewhat like Mark Twain's "general remarks," "a little spotted."

There are six exclusive eye-hospitals in London, and they, like every thing else in England, are not complete without *royal* attached to their names in some way: for instance, Royal London Ophthalmic Hospital, Moorfields; Royal London Ophthalmic Hospital, Central; Royal Westminster Ophthalmic Hospital, etc.

The first mentioned hospital is considered, I believe, the largest exclusive eye-hospital in the world. The clinics there are enormous—too many patients for even the capacity of the hospital and large numbers of surgeons and assistants; in consequence of which, I am sorry to say, a great number of patients are hurried through without proper examination and treatment. As an illustration, I was standing, a few days since, at the desk of one of the leading surgeons of the hospital, whose name is not unfamiliar in America, when a patient's trouble was diagnosed "phlyctenula," and prescribed for accordingly as she was hurried past without being touched or allowed to stop. At my request, a thoroughly competent and experienced ophthalmologist from America followed the patient into another room, where she was examined and found to have no phlyctenula, but a pterygium of six or seven years' growth, extending over one third of the cornea.

On the other hand, Mr. Nettleship is very careful, very exact, and very slow; usually giving twice as much time to the same number of patients as is given by any other surgeon at the hospital.

Dr. Adams is a young man, and by far the nicest and most dextrous operator of the entire staff.

Mr. Couper is the most reckless operator—very seldom using the speculum or fixation forceps when doing a cataract extraction or iridectomy—using nothing but the knife.

I have seen Mr. Lawson, Mr. Tweedy, and Mr. Nettleship, each, do successfully the new operation for entropion; simply dividing, as near the hair bulbs as possible,

the tarsal cartilage (?) freely, from one canthus to the other.

Jequirity has been in use at the hospital for the treatment of trachoma for some time past, and the report of the house-surgeon shows the results to be very satisfactory. The surgeons at this hospital, as at most of the hospitals in London, are forced to retire at the age of sixty. Under the above provision, Mr. Wordsworth has just retired, and there is considerable speculation as to who will succeed him. I think Mr. Gunn is the probable man. Mr. Morton, author of *Morton on Refraction*, is the best man for the place and should have it, but as he does not hold a fellowship at an English university he has no chance at all; another instance of English bigotry—for he holds a fellowship at Edinburgh, which is certainly more desirable than that of any university in England.

WM. HARVEY HARDISON, M.D.

## Selections.

CONDENSED MILK AS FOOD FOR INFANTS. Dr. F. Dawtrey Drewitt, M.A., M.D., assistant physician to the Victoria Hospital for Children, and to the West London Hospital, wisely writes, in the *Lancet*, as follows: Every one who has had any thing to do with the crowds of sickly, ill-fed children with which London abounds must be aware that not only during the prevalence of that most fatal illness, summer diarrhea, but through every month in the year, a large amount of infantile life is continually being saved by its use, and it would be a matter for regret if condensed milk should be condemned by those who have not yet attempted to give it a fair trial. The commonest objection to it is that it is too sweet. Of course it is very sweet; and in spite of our instinctive liking for sweet things, whether ripe fruit or raisins, chocolate or sugar-plums, an instinct which is so marked in childhood, few persons would think of giving a baby condensed milk when the mother had milk enough of her own and was able to suckle the child. But, on the other hand, cow's milk is not sweet enough, and when compared with human milk is very indigestible. It can only be made at all a possible food for babies by adding to it sugar and water and so making it more like condensed milk, but even then it is not so digestible as condensed milk; and it is not difficult to see



the reason. Place some cow's milk with its added sugar and water in a wine-glass, mix in another glass some condensed milk with water till it has, as far as one can judge by eye, about the same consistence and opacity; stand the two glasses side by side, and add to each, as the stomach does, a few drops of dilute hydrochloric acid and watch the result. They both curdle, but the curd formed in the wineglass of condensed milk is distinctly more friable, more mixed with the watery part than the curd in the cow's milk; and after standing for some time this is still more evident, for the curd in the fresh milk separates completely from the fluid into a firm clot, while in the condensed milk it remains more granular, more broken up, and more mixed with the fluid. And except among the very poor, who can not afford to buy cow's milk, it is this hard clot of cow's milk which is, more than any thing else, the *fons et origo* of that only too well-known incessant cry of dyspeptic hand-fed babies, and of all the vomiting and diarrhea which so often carry them off—that hard, indigestible clot, of which there is so little in human milk, and of which the analytical reports say with precise truth, as they might of a dinner of cheese, that is so “nutritious,” so full of “nitrogenous matter.” And it is actually because of the small proportion of clot or casein which condensed milk contains that the second objection to it is made by the analysts. This clot or casein, is so much the bane of hand-fed infants that the addition of oatmeal-water or gruel to cow's milk, even before the child is able to digest any starchy food at all, often makes the milk more digestible, for the simple reason that the suspended particles in the oatmeal-water are interspersed with the coagulum which is formed when the milk enters the stomach, and so help to make it soft and friable, just as water-weeds frozen into ice make the ice brittle and dangerous to skate upon.

Condensed milk, of course, varies in quality, and it is important not to use any of the common cheap kinds.

Then as to condensed milk causing rickets, I can only say that I have found it very difficult to trace rickets to condensed milk properly given. Most hand-fed children are delicate, a very large proportion die, and a still larger proportion have some tendency to rickets. Oatmeal and other gruels seem to be directly concerned in bringing it about; but though I have seen very many children who have had to change their diet to con-

densed milk, I have seen none who have thereupon become rickety.

Every thing depends upon how condensed milk is given. It ought to be diluted with ten or twelve times its bulk of water, or with more than that if the child is thirsty; and if any tendency to sickness remains, about one sixth of the water ought to be lime-water, which still further neutralizes the action of the acid of the stomach and delays the formation of the clot. The water should be boiling when added to the milk, especially in the summer. It gets rid of the infusoria in bad water or in a long-opened tin. Once a day a tea-spoonful of Mellin's food may be given with the milk. It is one of the best of the semi-digested foods, and children like it. With such a diet infants who at once vomit cow's milk, who keep their knees drawn up in pain, who are wasted and wretched looking, are in danger of dying from diarrhea, become contented and happy, rapidly gain flesh, and are able after a time to begin a little weak cow's milk and water or whey. And it is thus as a bridge across a bad time that I consider condensed milk to be of the greatest importance; but the bridge may extend over some months, and in the meantime the irritability of the intestinal tract subsides, and other forms of nourishment can be gradually administered.

COMPLETE SUPPRESSION OF SALIVA AFTER MUMPS.—A case of this rare trouble is reported by Mr. A. St. C. Buxton, in the *Lancet*: A lady of middle age contracted mumps. After the acute inflammation of the salivary glands had subsided, and all pain and swelling had disappeared, I was called to see her. She spoke with great difficulty, and was forced to sip water at very short intervals in order to be able to speak at all. Ever since pain in the parotids and the submaxillaries had vanished her mouth had remained persistently quite dry.

I found her tongue, gums, cheeks, palate, and pharynx—in fact as much as it was possible to see of the mouth and throat—in a fearfully dried state. The tongue was thickly coated with a tough brown fur, which was horn-like. So hard was it that on striking it gently with a metal probe a distinct sound as of tapping the cover of a book with a cedar pencil was produced. The rest of the interior of the mouth was also extremely hard, and she experienced great stiffness in opening and closing the jaws. No swelling or tenderness on pressure existed about the



salivary glands, and the orifices of Steno's and Wharton's ducts were plainly seen. It is needless to say that she retained no sense of taste. She complained of the heat felt in the mouth, but the temperature was quite normal. Her sleep was greatly disturbed at night, and she awoke at short intervals with the most intense longing for cold water; but drinking afforded no relief. It was evident that something must be done soon to excite the flow of saliva, for the patient had been in this condition for nearly three weeks, and was in the lowest depths of despair and misery. The next step which I took, was the application of a continuous current of electricity generated by a thirty-cell battery (pint cells) of the Leclanché type. I introduced a very fine silver probe into Steno's duct on one side, and pushed it gently on until I met with obstinate resistance to further entrance. The probe had then entered the duct about an inch. My assistant held the positive electrode firmly to the nape of the neck, while I cautiously applied the negative pole to the free end of the probe. I instantly noticed a contraction of the fibers of the buccinator, but as no pain resulted I fixed the wire to the probe and allowed the passage of the current to continue for ten minutes. While the probe was in the duct a thick white liquid oozed from the orifice. It looked something like pus. On removal of the probe a single drop of clear saliva followed it. Thinking that it was just within the bounds of possibility that a small abscess had existed somewhere about the duct and had been overlooked and the probe had simply opened it, and so cleared the obstruction to the flow of saliva into the mouth, I determined to thoroughly explore the other Steno's duct and both Wharton's ducts before applying the current again. I passed the probe into all three remaining ducts as far as possible, removed it, compressed and squeezed the parts, but no pus followed. I repeated this again, but without finding a trace of pus. I then applied the current as before, with precisely the same result as in the first instance. I had the satisfaction of seeing four drops of saliva, one at the orifice of each duct. I visited my patient an hour afterwards, and a gentle flow of saliva was discernible from each duct. For three days the quantity steadily increased, without any further use of the current, and at the end of that time almost the normal amount was being poured out. The mucous membrane lining the mouth and the tongue was rapidly resuming its natural appearance. I have not seen my

patient since, but I received a letter two weeks later stating that she had greatly improved; that the tongue was feeling quite comfortable, and that she was able to taste. A somewhat similar case is mentioned in the London Medical Record, 1877. The suppression of saliva resulted on that occasion from tonsillitis, and the flow was restored by stimulation by continuous current "frequently reversed." I did not reverse my current, preferring to submit the glands to the continued action of the negative pole. I find no mention of the condition in any medical work in which I have searched, including Quain's Dictionary of Medicine.

[Numerous remedies, such as jaborandi, iodides, mercurials, etc., were tried and proved utterly useless.]

THE TONGUE.—Excerpts from a recent clinical lecture by Mr. Jonathan Hutchinson (Medical Press): As I have just hinted, the conditions which favor the development of fur on the tongue, are briefly those of rest. If we can fully realize this fact, it will help us to the explanation in a very simple manner of most of the morbid conditions of the tongue met with in acute diseases. When the tongue is quiet the papillæ grow freely, their hairs accumulate epithelium, and on the epithelium colonies of micrococci flourish. Large allowance must be made for individual peculiarity, for it is only in those whom the filiform papillæ are abundant and large that any development of fur can possibly take place. It is well known that most persons have more or less coated tongues before breakfast, and that the taking of a meal rubs off the fur and cleans the tongue. It is also well known that when the tongue cleans, it usually does so from its end and sides, leaving the middle of the dorsum and especially the posterior part still covered. The explanation of this is easy, for the parts which clean first are precisely those which are most rubbed against the teeth and hard palate.

It is very common to see tongues which do not clean in the manner just described, but in which one longitudinal half of the tongue is clean while the rest is furred. In these cases the line is never abrupt in the middle, but it is usually to be noticed that considerably more than half is clean and less than half, as it may be a mere streak on one side, remains furred. The explanation of this condition is, I believe, always to be found in the fact that the patients in whom



it is observed eat chiefly or only on one side of the mouth.

It does not matter in the least what the cause of the one-sided mastication may be, whether there is a tenderness or the absence of teeth, the result is just the same. If a patient eats on one side only of his mouth, he rubs that side of his tongue much cleaner than the other. I am of course aware that one of my distinguished predecessors in this chair, the late Mr. Hilton, an observer and a reasoner from whom I would differ with great diffidence and reluctance, propounded another theory, and that his suggestion has been widely accepted.

Mr. Hilton's observations of the facts were exactly the same as my own, at any rate thus far, that he noticed those who had aching or tender teeth got the tongue furred on the side of the bad tooth. His explanation was that the fur was produced in a reflex manner through the influence of the fifth nerve, and was an instance of disturbance of function and nutrition by nerves.

Apart from the consideration that it is desirable to avoid calling to our aid nervous disturbances, concerning which we can prove nothing when they are required, I must contend that the simple mechanical explanation which I have given covers the whole ground and accounts for a large number of cases which the other would fail to explain. It is certainly not the fact that painful teeth are present in all cases of unilateral furring of the tongue. In many, I think in the majority, the condition is rather the absence of teeth.

**SPECTACLES FOR CHILDREN.**—In a paper read at the meeting of the South Carolina Medical Association (The Medical News) Prof. Chisolm answers the objections which have often been raised against allowing children to wear spectacles. Experience shows us, he observes, that the eye often varies much from the perfect type where vision can be comfortably enjoyed at any distance, the muscles of accommodation adapting the lens so as to keep the focus always on the retina. What is called accommodation or ability to change the focus is a muscular act, which, by taking off pressure from the front of the lens, permits its inherent elasticity to give its surfaces greater convexity, and therefore greater focusing power. When these muscles are temporarily enfeebled by diseased conditions of the system at large, they do not lift off sufficiently the flattening pressure of the sus-

pensory ligament, or they are too weak to keep up their continued action. Hence it is that sick persons, with weakened muscles, can not read so long, nor with the same comfort as when well and strong. Magnifying spectacles for temporary use will thus enable persons to read while tonics are being administered. We often find children recently recovered from scarlet fever, measles, diphtheria, whooping-cough, or any of the depressing diseases of childhood, unable to study as they did before. In a little time the eyes seem as strong as ever, but a very few minutes will cause letters to run together, and the print becomes blurred. This is not a failure of the retina or of the nerve, but of the muscles acting on the lens. Weak magnifying spectacles, by helping the muscles to do their work, will enable weak children to continue their studies until their strength is restored. If children, either by inheritance or acquisition, have myopic or hypermetropic eyes, where can be the propriety of allowing them to go through life as if in a constant fog, when properly selected glasses clear up the mist and enable them to see as others do?

**THE TRUTH ABOUT ANTISEPTICS.**—Dr. Martin, of Massachusetts, in opening the discussion before the American Medical Association in the section on surgery, remarked that in fifty years he believed Listerism would only be regarded as one of the curiosities of medical literature. By Listerism he must be understood to refer to the "destruction of bacilli," regardless of any other co-existent uncleanness. He believed in general cleanliness in the treatment of wounds. He further referred to Ambrose Paré's experience in French campaigns, where the wounds of the higher officers, who had all possible care and surgical oversight, proved far more fatal on the average than those of the common soldiers, whose injuries remained uncared for for days at a time, lying as they did utterly apart from all assistance at the spot where they happened to fall on the field of battle.

[Such was our experience in the Confederate States Army. The officers with the best housing, dressing, feeding, etc., fared worse than the private soldiers under trees or tent-flies.]

**EXOPHTHALMIC GOITRE.**—Dr. William Moore, President of the Academy of Medicine in Ireland, said, in the Medical Press, that, although the disease was almost pecu-



liar to females, he recollected three cases occurring in males, the course being short—not quite eighteen months. He had seen it run on for eight or ten years in females. He instanced a remarkable case in which symptoms of exophthalmic goitre occurred temporarily from sudden shock. A young girl opened a letter telling of her brother's death. Her pulse became 140°, with exophthalmos and thyroid enlargement. In forty-eight hours the exophthalmos receded, and her pulse fell to normal. To him the disease appeared to be of neurotic origin.

MIXED MILK BETTER THAN THAT OF A SINGLE COW.—Dr. Knut Hoegh, in the Wisconsin State Board of Health Report, writes: "It is a common belief that the milk of one cow is more conducive to the baby's health than the mixed milk of a herd, but the best informed and most experienced physicians no longer entertain this idea. The milk of a whole herd is likely to approach the average milk more closely, and to be more uniform in composition than that of a single cow in which accidents of feeding, fatigue or ill-health, may cause a deviation from the normal standard."

[Dr. Henry Pye Chevasse, of England, urged this in a book on children, which we reviewed a number of years ago in the American Practitioner. Of its correctness we have no doubt. This was the sole suggestion of any value contained in the book.]

INSANITY IN A CHILD.—The Alienist and Neurologist, April, 1883, says that a six years ten months' old child is reported by Berner (*Norsk Magazin for Lægevidenskaben*, Bund xii, Hefte 3) to have been attacked by melancholia. The patient was desirous of solitude, very restless and unquiet in slumber, and had hallucinations of sight and hearing. There were at times paroxysms of markedly painful depression. Hereditary history was uncertain, and the patient recovered in a month.

MALARIA IN ITALY.—A fact worthy of notice is that malaria has increased in its ravages consequent on the construction of railways, owing to the great increase of stagnant waters caused by the excavations executed. On some lines of railways which traverse wild solitudes, even the most robust employes are found to be unable to resist the malarial fevers, and a line is referred to which loses annually thirty six per one thousand employes.—*France Médicale*.

THE SWEATS OF PHTHISIS.—Dr. Landouzy employs a powder consisting of ten parts, by weight, of salicylic acid to ninety of talc or starch. Those parts of the body which are habitually the most frequent seats of the sweating are powdered twice a day. Almost always it gives temporary relief; and sometimes the amelioration persists for some days after the application has been discontinued.—*Jour. de Thérap.*

THE PREPARATION of Prof. Olmstead, of Yale College, for the preservation of scientific apparatus (*Popular Science News*), admits of a wide application, and should be generally known. It is made by melting slowly together six or eight parts of lard to one of resin, and stirring until it is cool. Rubbed on a bright metallic surface, it protects the polish effectually. It can be wiped off nearly clean, if it is desired, as in case of knife blades, or it can be thinned with coal oil or benzine. The surface should be both bright and dry, as it will not prevent the continuance of oxidation already begun.

TO PREVENT THE HAIR FALLING OFF.—The *Linimentum Crinale* is one of the best preparations for this purpose. Its formula is, cantharidine, one grain; acetic ether, one fourth ounce. Dissolve, and add rectified spirit, three ounces; castor oil, one ounce; oil of lavender, fifteen minims. Some prescribers order the addition of more spirit. The application to be made with a small sponge every third day. After applying it a few times the head should be washed, or the application may accumulate and cause too much irritation.—*Popular Science News*.

FOR CHRONIC CONSTIPATION.—Mr Hans M. Wilder says, in the Druggists' Circular, that, having for many years used almost every cathartic with only temporary benefit, he at last tried the following: One drop—not more—of tincture of belladonna, U. S. P., morning, noon, and night, in half a tumbler of water, and that within one week the bowels began to move regularly.

THE ANCIENT AND THE MODERN DOCTOR. In the last century the physicians were men of learning, and posed themselves as such. The wig and the gold-headed cane proclaimed the doctor a man of medical skill perhaps, of medical erudition certainly. Now the doctor is a man of the world. He studies human nature and his patients rather more than his authorities.—*Medical Record*.



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"NEC TENUI PENNĀ."

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### WHAT IS CHOLERA? FROM WHAT DOES IT COME?

BY T. S. BELL, M.D.

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It is very pertinent to make this inquiry now, when the land of the Pharoahs, of Rameses, of hosts of mighty events that convulsed the world in times far up toward the youth of the inhabited planet, is scourged with this desolating plague. Is it, as it has ever been, a scourge that seizes its victims in the pavilions of darkness, that spares no one who feels its visitation, that goes forth rioting over the earth in a mysterious way? Nations stand appalled with the dread of what they consider a hidden danger. The question naturally rises before us, have experience and observation taught us anything about its ways that enables us to meet it with a bold front under any assurance of success in grappling with it? Surely these are questions that concern, that deeply concern all who are in the pathways of the scourge. Of one thing every human being may rest assured: no one attacked with the disease ever recovered.

There is not in medical records a more faithful, minute, and perfect account of any disease than that given by Hippocrates of the cholera attack of Eutychides at Athens. In the symptoms we find the Greek word *schesis*, meaning a total suppression of the urinary secretions; it is, in connection with the suppression of all the secretions, the total absence of every nutritive function, the thickened condition of the blood, there being two hundred and fifty-six parts of solid material instead of two hundred in the thousand, a sign of inevitable death. Hippocrates says his patient died. Rising high above the level

of many of the present day, he declared, very truly, "there is no such thing as a sacred disease, for all diseases arise from natural causes, and no one can be consistently ascribed to the gods more than another." He gives, as a reason for regarding any disease as divine, "its incomprehensible nature," and upon this, remarks very justly: "Many other diseases, the nature of which is above the level of the human understanding, such as the paroxysms of intermittent fever, might be set down as divine." We do not know any more why the paroxysms of a quotidian should come every day; of a tertian every third day; why there shall be double quotidians in many cases, double, duplicate and triple tertians in many attacks, than was known to Hippocrates and Celsus. We understand them much better than they did, but why they come in that way we do not know. Hippocrates must have met frequently in Thrasos, Bœotia, and other parts of Greece, with what is known to us as pernicious intermittent fever. Now there is not a single feature in the two diseases, cholera, as Celsus first named it, and pernicious intermittent fever, that is present in one that is not conspicuously present in the other. They are both perfect expressions of collapse.

We shall have now, as accompaniments of the present fright, large numbers of infallible recipes, that were never known to fail! It is one of the signs of the incurable character of a disease, that infallible remedies for it shall abound. In 1834, Dr. James Johnson, the founder of the *Medico-chirurgical Review*, in my judgment by far the ablest medical journal ever published, said, in speaking of medical men and their experience, "Most of them are convinced, also, that when from imprudence, from inattention or from any other cause, the worst features of the malady have appeared, remedies of all descriptions are too generally powerless. The common sense of intelligent practition-



ers has led them to regard the vaunts of successful treatment, in such cases, as idle fancies or unblushing falsehoods. Those who are familiar with the history of cholera are probably aware that, at the time when it was committing its greatest ravages in Hindostan, the newspapers of that province teemed with the accounts of successful remedies. So fatal were the consequences of these daily cures, that government was compelled to prohibit their publication. We do not know that the evil has been quite so formidable in this country; but, whenever the disease has been most prevalent and fatal, we have always remarked that most specifics or pseudo-specifics are made public. In the autumn of 1832, the weekly, monthly, and quarterly medical journals were rife with the proposals of the most opposite descriptions, resembling each other only in their success. Mr. A." (Ayre, of Hull) "amazed the public with a series of cases of malignant cholera, triumphantly treated with calomel and opium.—Mr. B. looked with horror on that murderous practice, and effected all his cures with cold water.—Mr. C. was successful, by preventing his patients from slaking their agonizing thirst, although, like Dives, they implored but one drop to wet their lips.—Mr. D. administered fluids by bucketsful through the mouth, the anus, and the veins. All were sanguine, all victorious, and the difficulty was, not to discover a specific, but to choose one. Some simple persons were delighted with all this, and rapturously received each Shiloh as he came. But the rapid succession of miracles and prophets at length proved too much for even the most credulous digestion. The true believers were forced to confess that they had thrown away their faith on false divinities, and were compelled to fly for comfort to the fond idea that a genuine specific existed somewhere, though, like Solomon's seal, its possessor was unknown. 'It is not impossible,' said the *Lancet* of that day, 'that a specific for cholera has already been discovered.'"

Of the means that were vaunted, Dr. Johnson said, "Waiving a very strict attention to chronology, they may constitute the following list: Stimulants and frictions—large doses of calomel—calomel and opium—emetics of mustard, of common salt and of tartarized antimony—salines by the mouth, by the anus, by the veins, water of all temperatures and in all quantities—no water at all—the application of heat—

the application of cold—drugs beyond number, and of every conceivable mode of operation—bandages on the abdomen. We will not fatigue our readers nor ourselves by attempting to extend this heterogeneous catalogue. But one observation may be usefully permitted. Each successive contributor of a method or a drug denounced the mischiefs, or deplored the inertness of those which had already been proposed. The water-doctor cried, 'murder!' when calomel and opium were employed; the patron of emetics pitied the weakness of the water-doctor, and the sturdy advocate of calomel or of stimulants looked with derision on both." This is an accurate portrait of living specimens.

There is one of the features of the subject that attended the appearance of cholera in 1830 that we do not have to meet. It was constantly affirmed in 1830 that the disease was entirely unknown until its outburst at Jessore in 1817. Nothing could be much farther from the truth than this. There is not a disease known that has been more habitually among men than this. Wherever men dwelt at low sea-levels, in equatorial or tropical climates, the disease was almost as regular in its visitations as sunrise or sunset. It universally springs up from a local condition at the place where it appears. Men in great positions seem to forget themselves and the facts when they undertake to express themselves on this subject.

England has no great medical teacher or writer of a wider and more deserved renown than Dr. Thomas Watson. He declares that, previous to its advent in 1832, nothing of its kind was ever known in England. Now, Dr. Joseph Brown, of Sunderland, a man of no mean repute, one of the contributors to *Tweedie, Forbes and Connolly's Cyclopaedia of Practical Medicine*, records an outbreak of cholera at Clapham, England, in 1829, from emptying a cess-pool in hot weather, and pouring its contents upon the surface of the garden. This has occurred so frequently in England that, by act of Parliament, no cess-pool is any where permitted to exist in England. It resembled in all respects what is called Asiatic cholera. The outbreak created a great stir in England. The heiress-apparent to the throne, Victoria, was going to school at Clapham at the time. David Ross, who originally planned and managed Cave Hill Cemetery in this city was the florist and horticulturist of the garden at Clapham at the time,



has often described to me this outbreak of cholera at Clapham in 1829. The wild contagionists had no chance to say this cholera was imported. It was produced on the spot by the local condition.

Dr. Thackerah, of Leeds, England, attended an epidemic cholera in that city in 1825, and published a full account of it that year. Dr. Ayre, of Hull, attended an epidemic cholera at Hull, England, in 1817, and in 1818 gave the public a minute record of it. These outbreaks were precisely similar to the cholera seen in London in 1832. In 1814, Dr. Corbyn received a commission as surgeon to the army in India. He took passage on a ship just built in an English ship-yard in 1814. He says, "I was myself an eye-witness to the destructive operation of this disease on board the ship *Mangles*, on which I embarked for India. We had been at sea about two months, when it burst forth with awful violence. During the short period of six weeks, sixty-four bodies were thrown overboard, and four more died, one after another, just as we had cast anchor in Table Bay." No better judge of the disease could be found than Dr. Corbyn. From the time that he entered upon his medical duties in India, in 1814, up to 1833, he wrestled with cholera almost annually. His book, published in 1833, shows his very intimate knowledge with it. Now, what is to be done with the clear, incontestible fact, that a violent, disastrous cholera broke out on this vessel, which left an English port in 1814, three years before the reputed origin of the disease at Jessore, in India, and eight years before Dr. Thomas Watson's date for its first appearance in England? This is one of the most striking events in the history of cholera; it may be regarded as a golden fact; it is entirely irrefutable, and upon its rocky base the surges of the wrath of contagionists and infectionists will beat in vain. Where did the English ship *Mangles*, leaving an English port for India in 1814, catch the disease, and why is it that she did not infect Table Bay and scatter wide-spread ruin along the southwest coast of Africa with her concentrated infection? She did not do any thing of the kind. Contagionists and infectionists always want a traveler by land or sea to carry or spread cholera. Now I have furnished them with a vessel well freighted with the disease, and I have a right to ask and demand an answer to the questions: Where did she get the disease in 1814, "which burst forth with awful vio-

lence," and why did she not give the malady to Table Bay? I wish the facts to be answered with truths, not by surmises or conjectures. Whoever may attempt to answer by guess-work, will demonstrate by that course that he is hopped.

I have said that Hindoostanee records show that this disease prevailed, and destructively, in the earliest times of which we definitely know any thing. Dr. McPherson has conclusively shown that cholera was met by the Portuguese in India, when they first went there about the year 1500, soon after the first voyage of Columbus. Bontius was a distinguished Dutch physician at Batavia, where he saw cholera and attempted to treat it. Sonnerat often wrestled with it, from 1774 to 1781. Jameson reports it in the Mauritius in 1775, and at Ganjam in 1781. Curtis saw an epidemic at Madras in 1782; and Girdlestone also treats of it as at Madras in 1782. Duffin saw it at Vellore and Arcot in 1787. Thompson saw the disease at Arcot and Trincomallee in 1782. He is the first one known to us who described the urinary bladder in cholera as empty, and of the size and appearance of a hickory-nut. This is universal in attacks of cholera. Cruikshanks speaks, in 1832, of its destruction of a large military force in India in 1814, and; upon examining the papers of the command, no record had been made of it. This has, undoubtedly, occurred very frequently among the villages of India. The way has thus been paved for the great truth involved in this series.

Cholera is a definite, specific, well-known disease in its characteristics, that can not, by an intelligent mind, be mistaken for any thing else. It has, therefore, a definite, specific cause; this cause is a natural one, and must be met by natural means. In this is found that which should reward all medical efforts, a certain infallible method of "arresting the evil at the fountain-head, and not to dam the current swollen by a thousand tributaries." The part of philosophy is to discover this great secret: that "the evil which springs from the bosom of nature only needs for its removal an observance of the rules which nature herself reveals." Has this great consoling truth ever failed? I answer, no; not in a single instance. Now to the point:

The floor of the fourth ventricle of the brain is an important part of the anatomy of all animals. After Rollo first devised treatment of saccharine diabetes, we were puzzled by the curious manifestations of brain-



trouble in the disease. Claude Bernard, the successor of Magendie, was the first to unveil the mystery. He first discovered the important functions of the floor of the fourth ventricle of the brain in sustaining animal life; that, in fact, the power by which animal life is maintained has its seat in that portion of the brain. Dickinson, of England, the eminent laborer in searching for all that can be known of the functions and disorders of the renal organs, has published in a recent work on diabetes a very perfect chart of the distribution to various organs of the body, of the ganglionic nerve-power starting from the fourth ventricle. But in cholera we have an extraordinary development. The brunt of the poison falls upon that ventricle, and what is the inevitable result? Every nutritive function, every secretory force, every element of the circulation is utterly and irretrievably overwhelmed. This is found to be the case in every attack of cholera from the very beginning of the malady. In cholera-morbus these powers are simply disturbed, in cholera they are overwhelmed; hence the world-wide difference between the two diseases.

The cause of this disease is produced in hot weather, acting upon damp, decomposing vegetable materials. At least ninety-five per cent of the cases occur in the night. It does not attack persons in the second and third stories of good houses; persons can expose themselves during the day, in the worst localities, without any evil, but a few minutes sleep at night near the ground may prove fatal. There is another law of this poison that should be universally known—it is the law of latency; that is, a person may imbibe the poison, rouse up next morning to the fact of an extensive fatality in the locality where he slept the night before, leave the place apparently in vigorous health, go into some region perfectly free from any disease of the kind, and be attacked in three or four weeks after with precisely the same malady that assailed at night the locality from which he fled, and die as the victims did on the night of the outbreak. I wish that I had the power to burn this law into the memories of my readers. I have often seen its power displayed, instances of which I shall give before I get through. To those who remember it and act upon it in time, it will be “a savour from life unto life;” to those who neglect this memory it will be “a savour from death unto death.” There is no earthly inducement that could make me corrupt the mind

of any one on such a subject as this. I ask the reader not to believe the principles because they are said, but to look at the facts and believe them.

I have known cholera intimately since the fourth day of October, 1832. On that day it began its career in Louisville. October was hotter than September had been, and we had rains from the beginning of the month. The disease began on the west side of Fifth Street, between Main and the river, and there were numerous victims in that region of the city. Those who are familiar with the city remember the north side of Jefferson Street, extending from Ninth up to Eighth Street. On the northwest corner was a tumble-down wooden building, and at the end of the lot, in going toward Market Street, was a foul and stagnant pond that run its contents into the alley behind the houses fronting on Jefferson Street. This drainage extended nearly two thirds of the way up toward Eighth Street. On the morning of the fifth of October the family residing in the corner building on Ninth Street fled to Oldham County, leaving an old negro man to take care of the premises. He slept in the basement, and died that night. There were deaths in the basements up to the fifth house toward Eighth Street. I attended the families in the fifth and sixth houses. The family in the fifth house had a number of negroes. They were all moved up into the attic of the house, placed under the influence of quinine, and all were saved. The white family in the first story above the basement had simple intermittent fever; in the story above there was no sickness. In the sixth house no precaution was taken. The lady living in the house was a great cultivator of plants, and her back-yard, down to the side of the alley, had in it a luxuriant crop of growing corn. The back porch, toward the alley, was covered with oleanders, crape myrtles, orange trees, and these were deemed sufficient to give the family perfect protection, as growing vegetation has done in many hundreds of instances.

I think that I saw nearly every case of cholera in Louisville in 1832. The venerable Dr. Wm. C. Galt called upon me with a request that I should take him to some of the cases, as he had but little of the disease in his practice. We went together over the entire territory involved in the disease, and he remarked that it was acting just as the fever of 1822 did, assailing the residents of the low, flat, undrained localities. In 1833



it attacked the same spot that felt it in 1832, but in both cases a speedy end was put to the disease by cleansing and drying the localities in which it appeared. At the request of the mayor, I attended to this duty. There are hundreds of squares in this city that never had a case of cholera in them, and those places in 1832 and 1833 that had the disease, that were changed and improved in their condition, have never had a case since. In 1849 we had an outbreak on the southeast corner of Market and Fourth Streets, where the cause was so obvious that it was immediately abated and the region was at once restored to health. This brings us up to 1850, and because of an intimate acquaintance with all the events I purpose to deal minutely with them. This was the greatest outbreak we ever had here. It began on the night of the twenty-fourth of July, 1850, on Market Street, between Tenth and Eleventh, in a very sparsely populated square, and on the twenty-fifth of July, by nine o'clock in the morning, there were fifty dead persons, all of whom had eaten their breakfast the morning before. Many fled from the locality on Tuesday; during the day there was not a new case. Soon after sunset there were fifteen new cases. There were hundreds of people, men and women, from all parts of the city, rendering all the service in their power to the afflicted. They were exposed in every conceivable way, except that they did not sleep in the locality. They were all warned that a sleep of five minutes there during the night would decide their fate, would be the difference to them between life and death. I pledged myself individually to them that attention to this would save them. Not one of the entire number was affected in any way. There were a number of miserable wooden huts on the west side of Eleventh Street, from two to three feet below the sidewalk, extending from where Pfingst's drug-store now stands over to Jefferson Street. The inmates of these shanties, as soon as they heard of the disaster, ran across the street and spent the night in offices of mercy to the afflicted, and of these not one was attacked. There were seventy-five deaths in this locality. Eleven of the ablest physicians of Louisville attended these cases. Many of the sufferers had remedies administered in less than a minute after the first sign of attack, and of the whole number of victims not one ever showed any attempt at improvement. All collapsed instantly, and all died. On Wednesday the dead were

buried and the survivors were moved to the attic of the hospital and put under the influence of the salts of Peruvian bark. The Tenth Street sewer, which had been choked up, was opened, and the locality was thoroughly drained and dried before the people were permitted to return to their habitations. There is not a more healthful part of the city than this has been ever since the great calamity. There are probably thirty times the number of inhabitants in it that there were in 1850. It has now been thirty-three years since this outbreak of cholera in 1850, and the inhabitants have been free from any thing of the kind down to the present moment. Among the families destroyed in 1850 was that of a Baptist preacher, named Gates. I had known him up in Fayette County, and was much attached to him. He had been exposed to the cause that had carried off his family, and I felt desirous of saving him. I started to find him, and soon met him. He wished to know whether he could do any thing to protect himself. I immediately explained the law of latency to him, and urged him not to lose any time. He had a prescription for quinine filled, and took sixty grains at proper intervals. He never betrayed a symptom of the disease after he was cinchonized. Now, *per contra*, an old lady from the Pond Settlement was on a visit to some friends in this locality. On Tuesday morning, after the dreadful disasters of the night before, she stood not on the order of her going, but went at once to her home in the county. She remained apparently well for three weeks; at the end of that time she collapsed with cholera, and died just as those did on the night of the twenty-fourth of July. A healthy young man, who boarded in the locality to be convenient to his work, left on Tuesday morning and went to board with a family on Preston street. He seemed to be well during four weeks. He suddenly collapsed, and died in a few hours. The old lady in the Pond Settlement was the solitary victim in the county in 1850; this young man was the sole victim on Preston Street. These were cases of latency. If they had taken the salts of Peruvian bark in time they would not have had cholera. I do not know of one, who slept in the locality on the night of the twenty-fourth of July, who took quinine in time that was afterward attacked. I do not know any, who failed to take it, who did not succumb to the disease. There may be such cases, but I do not know of them.



I have expressed a desire to burn deep into the memories of my readers the great law of latency, which forms a conspicuous feature of a peculiar character in this poison and of no other, but I must defer this to another paper. When I complete this series, I shall feel that I have performed a duty to the public.

I wish to add now, if any one shall be inane and absurd enough to assert that cholera was possibly carried to Market Street, between Tenth and Eleventh, a statement that no one can make with the semblance of truth, I wish to say that he has only rid himself of a small portion of his task; he must then account for the fact that not one of the hundreds who nursed the sick, washed the dead, and exposed themselves to the emanations of the victims, ever caught the disease, nor had any one of them even the semblance of it. Am I not entitled to an answer to this?

### Miscellany.

TELEGRAPHY AND HEALTH.—The conspicuous position in which telegraphers have been placed by the present strike has served, says the Boston Medical and Surgical Journal, among other things, to call attention to the great demands made by that calling upon the nervous system of those who follow it. The first-class operators all read by sound, and in a large office where a hundred or more receivers are all buzzing at once, the strain upon the organ of hearing as well upon the cerebral center of audition, protracted as it is through ten hours daily, is very great. Of course, in this as in every other occupation, it is true to a certain extent that "custom makes it a thing of easiness," yet to discriminate between the longer and shorter dashes in an instrument clicking at the rate of a very large number of words per minute, involves, none the less, a very close exercise of the attention even when it is done only for the regular working hours of the day, while those operators who have been obliged since the strike to work double time have been excessively exhausted. The nervous and muscular energy expended by a rapid sender is perhaps still greater. It is on the whole surprising that "writer's cramp" is not more frequent than is among telegraphers.

It is said that few operators are good for much after the age of thirty-five years.

BILIN FOR CHOLERA.—Henry Cumberland, L.R.C.P., etc. (British Medical Journal), claims upon theoretical grounds that bilin ought to be useful in the treatment of cholera. The dead body, after an attack of cholera, shows a clotty state of the blood, and the liver and gall-bladder are found distended with bile. These conditions may be explained in two ways: (1) The bile-duct being blocked by inflammation, the liver extracts all the constituents of bile from the portal blood without being able to discharge them into the intestine; and, (2) if it were possible for bile to enter the intestine, inflammation of the latter would prevent its absorption. Thus it is that doses of ox-gall given to cholera patients per mouth or rectum are inert.

Dr. Cumberland's reasons for wishing to restore bile to the blood in cholera are, (1) That in the absence of bile the blood attains a state of excessive fluidity (as observed in jaundice), and (2) that bile hinders decomposition; its absence favoring the clotty state of the blood sometimes observed after copious watery dejections, even during life, and accounting for the decomposition of matters present in the intestines. Since common bile, as proved by Magendie, causes instant death when injected into a systemic vessel, it can not be made of service in the treatment of cholera. Bilin, however, an active principle of bile, may be readily obtained from it by chemical means; and in view of the fact that this substance is restored to the blood by the lacteal vessels, we may conclude that its injection into one of the veins of the arm, so far from causing any bad results, would in all probability be an agent of remedial power when used with warm water or warm saline solutions, since the injection of these alone has in some cases resulted in the cure of cholera.

Dr. Cumberland's method of preparing bilin from ox-bile is quite complicated, and may be left to the chemist. The quantity employed in the twenty-four hours should be one hundred grams (about three ounces) dissolved in a liter of water (about one quart) at the temperature of the blood. This quantity corresponds to the bile daily secreted by the liver.

THE BOYLSTON PRIZE for the best essay (Boston) on "Measles, German Measles, and Allied Diseases," has been awarded to Dr. P. M. Braidwood, of Birkenhead, England.



VERBAL BLINDNESS.—Aphasia presents itself under such a variety of forms, and in such complexity of combination, that there can be no more difficult subject in the whole range of neuro-pathology or psychology. We have obviously used the term in its widest sense as synonymous with disorder of every kind of the faculty of employing verbal language. (The Lancet.) The following case of what M. Kussmaul would term verbal blindness is reported at length, but still with insufficient detail in some noteworthy points, in the *Gazette Médicale de Paris* of June 16th. A man of business, aged thirty-five, was suddenly seized while in the hunting-field with right hemiplegia and aphasia. Had been the subject of severe migraine, but with that important exception had enjoyed good health. Consciousness was lost a few minutes after the hemiplegic seizure. At no time was loss or impairment of ordinary sensation detected. Both the paralysis and the loss of speech were on the mend, when one day the patient wished to complete a letter which he had already begun, and found to his astonishment that he was unable to read what he had written but a few days before. Later on it was discovered that an inability to read printed matter also existed. The letter in question, when compared with one dated three years back, exhibited no special difference. In talking only occasionally did the patient substitute a wrong word. When seen by Charcot, five months after the onset of the seizure, no important defect remained except right lateral hemiopia and the inability to read. The hemiopia had been indicated by the fact that in attempting to play billiards the ball was seen to be but half a sphere. Acuity, however, in the other part of the field of vision was normal, so that the letters could be *seen*, though not read. Loss of memory for a certain number of substantives and proper names, including those of the streets of Paris, existed. He did not venture alone in the city because of the last defect. He could write his name, his address, and even a long letter without any important errors, but he could not read what he had written. In order to decipher a word he slowly formed each letter of the term with the tip of his right forefinger, and then the notions furnished by the movements of the fingers came to his aid and controlled the incomplete, insufficient, visual impressions. In the phraseology of Dr. Bastian, the defective action of his visual word centers was helped out by the almost

simultaneous activity of the *kinesthetic* word centers. M. Charcot has utilized, from a point of view of treatment, the help afforded by this *muscular sense*. So much progress was made that, while at the beginning of his re-education it took one hundred seconds to read one line of print, after sixteen days twenty-seven seconds sufficed to accomplish the same task.

ENORMOUS MILK-FLOW.—Prof. Ch. Remy, in the *Archives Générales de Médecine*, tells of a young woman, seen by him in Japan, who gave over twelve pints and a half of milk daily, and Dr. Gomez Pamo, gives, in the *Anales de Cirugia*, in *La Revista de Ciencias Medicas*, in Barcelona, the following, says the Journal of the American Medical Association: A woman, married at sixteen years of age, whose menses, established at fourteen years, continued without interruption until the first month of marriage, when she became pregnant. After delivery lactation was established, and continued for twelve months, without any appearance of the menses. Becoming again pregnant, she weaned her child; and this repeated itself *fourteen* times without any complication. She nursed each of her fourteen children up to the time that she felt herself again pregnant. During her pregnancies the flow of milk diminished somewhat, but never disappeared entirely. Immediately after delivery she gave the breast to the infant. The milk was abundant and of good quality. All the children were very robust, two of them having been born prematurely. During all this time, that is, from the first month after marriage to the present, seven years after the birth of the last child, the menses have not reappeared. She weaned her last child five years since, but the flow of milk has not diminished, in spite of all treatment; it is abundant and of good quality, and the breasts have to be drawn frequently to relieve the pain caused by tension.

A FATAL case of hydrophobia is also reported from Sag Harbor, Long Island, on the 6th of July, the patient being a young boy of New York, a pupil at the School of the Sacred Heart of Mercy, located there, who, it is said, was bitten in the face by a dog in November last.—*Boston Medical and Surgical Journal*.

DANGEROUS SODA-WATER.—Lead and copper are the two poisons most frequent in soda-water.



**HYPODERMIC INFLATION.** — We extract the following curious but apparently practical suggestions: Dr. Henry R. Silvester, who has already rendered such valuable services in connection with the restoration of persons apparently drowned, has been recently making some observations with a view to the prevention rather than the treatment of this condition. It is stated that he was led to this investigation from being brought into contact with the many life-saving apparatus at the Fisheries Exhibition, in his capacity as chairman of jury, group seven. His method is the artificial production of subcutaneous emphysema. He showed at the Exhibition a small dog, weighing ten pounds, whose subcutaneous tissue he had inflated with air, and which was then able to sustain a weight of eighteen pounds, in water, in addition to its own weight. Dr. Silvester suggests that a large dog or a calf thus used might be able to bring a number of persons safely to shore, and that there are many cases in which this plan of treatment might be applied to man himself, rendering him practically unsinkable. This is a suggestion that may possibly be of service under some conditions, and is no doubt an addition to the means of saving life at sea; but we question whether more than this can be said about it.

[The inflation could easily be done with a quill or pipertine, as butchers blow poor veal or lamb.]

**TRANSPLANTATION OF MUSCLE IN MAN.** Helferich (*Archiv f. Klin. Chirurgie*, B. xxviii, p. 562) reports a case in which, as a result of the removal of fibro-sarcoma from the arm of a woman aged thirty-six, the whole upper half of the biceps, with the exception of a thin strand at its outer part, was extirpated. Into the cavity which was left he promptly introduced a large fragment of the biceps from the leg of a dog. The cut surfaces were carefully brought together with sutures, as little injury as possible being done to the parts. The transplanted muscle was much more voluminous than the original portion, and was long after the operation distinctly perceptible to the touch. Electric experiments instituted about three months after the operation showed that the biceps reacted perfectly naturally to both kinds of current. The high point of stimulation situated at the place of section of the musculo-cutaneous nerve was, however, absent. The movement at the elbow-joint was almost normal.

**THE BICYCLE IN GEORGIA.** — Dr. J. H. Logan, editor of the Atlanta Medical Register, thus concludes an article on the velocipede for the doctor: To those who (if any such there be) imagine that bicycle riding does not fully comport with the dignity of their stations, I would suggest that whatever in the way of garb, vehicle, instruments or appliances is most appropriate for the occasion; whatever will most effectually and easily accomplish any worthy object sought, is entirely justifiable, and can by no possibility detract from merited dignity. Concerning the bicycle I do not speak from theory alone. I was half a century old before I ever mounted one, and am now riding mine for the third season, and with much individual benefit. I have ridden my bicycle with ease and pleasure twenty-five miles in an afternoon, over our country roads, which are not the best, making several professional calls during the time. To my professional brethren I would say, test the wheel for yourselves.

**EDUCATION OF CHILDREN.** — It seems to us very clear, says the Medical Times, that in the modern system of perpetual examinations, and especially of competitive examinations there lurks a very serious danger. All education should have for its object the training and development of the mind rather than the acquisition of facts; whereas very often, if not usually, in these competitive examinations it is the amount of facts crowded into the mind at the time of examination which is the basis of judgment.

The tendency to teach children many things imperfectly rather than a few things perfectly is but too apparent in our schools. Another more serious error, which is closely connected with many studies and long hours, is the teaching children to dawdle over the books. It is the exceptional man who will stand more than four or five hours a day of intense mental application; and yet the pulpy brain of the child is kept fuming over the books this length of time in school and two or three hours more out of school. Four hours a day for a child of fourteen years is sufficient; but the attention should during this time be kept fixed upon the subject, and the habit of close study thus acquired will be far more valuable than the primary knowledge taken into the brain. Short hours and intense application to a few studies are the foundation of an ideal school. To carry it out it is necessary that the classes be small enough for personal instruction.



**EXTERNAL ILIAC ARTERY SUCCESSFULLY LIGATED.**—At the regular meeting of the Medical Society of Louisville, July 19th, Dr. W. O. Roberts exhibited a patient in whom three months before he had ligated the right external iliac for the relief of an enormous aneurism of the femoral artery. At the time of the report, the aneurismal sack was hard, pulseless, and reduced to about one third of its original size. By reference to Holmes's System of Surgery, we find that "of the one hundred and fifty-three cases published, forty-seven died; a mortality exceeding that of amputation of thigh." We congratulate Dr. Roberts upon his having reduced this formidable rate of mortality by adding to the records another successful case.

**PROFESSOR HUXLEY ON THE SALMON DISEASE.**—An interesting lecture was delivered by Professor Huxley at the Fisheries Exhibition Congress, July 3d last, upon the disease which makes such ravages among fresh-water fish, particularly the salmon, and sometimes in the form of an epidemic. (Lancet.) This disease, which is marked by the appearance of whitish patches on the skin of the fish, is attended with great mortality. In the last five years from two thousand to four thousand diseased fish have been taken out of the Tweed, and a like number from the Eden every year. Last year as many as six hundred diseased salmon were taken out of a small river like the Leme. On the east coast a few cases have appeared in the Coquet, but none in the Wear. On the Tyne the disease is almost unknown among clean salmon, but it is common with kelts and dace. It may be said that there has been practically no epidemic outbreak in the eastern rivers south of the Tweed. The eccentric course of the epidemic, however, is shown in the fact that on the west coast the state of affairs is totally different, it having made its appearance more and more to the south, until last season it broke out in the Usk and Wye. The disease is due to the fungus, *Saprolegnia ferax*, which abounds in Irish waters, living on decaying organic matter, but having also the property of attacking living organic matter, so that the wonder is that salmon are not always diseased. Professor Huxley pointed out that it was desirable to ascertain the nature of the influences whereby the wide-spread sporadic disease suddenly assumes an epidemic character. On this point we have very little light at present,

for although there is considerable reason for thinking that deficient oxygenation, whether it is produced by overcrowding or otherwise, may favor the production of the disease, and though it is probable that some kinds of pollutions may favor it, yet the disease sometimes becomes epidemic under conditions in which these two predisposing causes are excluded. The productiveness of a salmon river is not necessarily interfered with by even a severe epidemic, and therefore, Professor Huxley's opinion was that on the whole it were better not to attempt to extirpate the diseased fish. A discussion followed, in which Dr. Cobbold, Professor Honeyman, Mr. Wilmot, and others took part.

**CONDITIONS AFFECTING PRECIPITATION OF PHOSPHATE OF LIME IN THE URINE.**—Walter G. Smith, M. D. (British Medical Journal), accounts for the fact that the phosphates are often precipitated in slightly acid urine by heat, on the theory of a nice adjustment in the proportions and basicity of these salts. The following equation may express the precipitation which occurs on applying heat:  $2 \cdot (\text{Ca}_2\text{H}_2\text{P}_2\text{O}_8) + \text{CaH}_4\text{P}_2\text{O}_8 = \text{Ca}_3\text{P}_2\text{O}_8$ , insoluble,  $+ 2 (\text{CaH}_4\text{P}_2\text{O}_8)$  soluble. Upon reduction of the temperature, the inverse change takes place, attended with resolution of the precipitate in part or full, according to the relative amount of acid phosphate present. In short the phenomenon seems to be one of unstable equilibrium among certain phosphatic salts, the balance of solubility being easily disturbed by changes in temperature.

These considerations throw some light upon the deposition of calcium phosphate within the bladder, and upon the formation of urinary calculi, as showing how phosphatic precipitation may occur in a slightly acid urine.

**TEMPERATURE OF ICE-CREAM.**—Almost every one, no doubt, has noticed the seeming warmth of the water that is usually served with a plate of cream in the ice-cream saloon. And even though we see it drawn from the cooler, and view with a feeling of satisfaction the delicate film of condensed moisture on the glass, yet after the ice-cream has vanished, we raise it to our lips and taste not the cool refreshing drink we had anticipated, but a sort of mawkish fluid hardly to be called even cool, a very small quantity of which is sufficient to satisfy our longings. It is only human



under such disappointment to be exasperated toward the proprietor for the miserly style of carrying on business, begrudging as much as a little piece of ice in the water-cooler for the comfort and delectation of his customers. I have often heard expressions in no ways complimentary for such economy. We form our estimate in this instance, as in many others, merely by comparison. The ice-cream is certainly very cold and refreshing, in fact the colder it is the more we appreciate and enjoy it.

But while the manufacturer can reduce the temperature of the ice-cream very considerably by means of freezing mixtures and mechanical contrivances, he is unable to give us the ice-water even as low as the freezing point.

Now a trial with a thermometer will show that the temperature of a first-class, well-frozen, good-size plate of ice-cream will be very much below what one would suppose, being, in fact, as low as  $12^{\circ}$  F., or 20 degrees below the freezing point, and in the case of water-ices, if frozen good and hard, a temperature as low as  $8^{\circ}$  F. will be attained. When I made the experiment and announced the result to those who with watering mouths were watching the proceedings, nothing less than an ocular demonstration seemed sufficient to convince them of the truth of the assertion.—*Gustavus Pile in Pharmaceutical Record.*

OBSERVATIONS AFTER DECAPITATION.—The *Revue Médicale* publishes the following horrific and interesting observations: Dr. F. Holmgren communicated to the Upsala Medical Society an account of some observations he had made on the occasion of the decapitation of two criminals. Three seconds after the decollation of the first of these the eyes were widely open and the pupils contracted; twenty seconds after they commenced dilating, the dilatation being completed in about two minutes, the pupils afterward remained in a state of medium contraction. Twenty-five seconds after decapitation the eyes turned upward and to the right. Reflex movements commenced after forty-four seconds in little twitchings of the muscles of the neck, after which violent contraction supervened; the mouth was drawn downward and to the left, the tongue also seeming deviated to the left. Some seconds later the mouth, which had been widely open, closed slowly. And then, after some slightly rhythmic movements of the muscles of the face, at one minute and forty-four

seconds after the execution, complete repose ensued. From the surface of the section of the neck blood escaped with a hissing sound and in a jet one meter in length; and thirty-five seconds later there was still an intermittent, jerking discharge of blood. No movement was observed in the body after decapitation. At the second execution Dr. Holmgren was placed so as to observe the eyes during decapitation. At the blow of the axe there was no winking of the eyelids, and the culprit had kept his eyes wide open the whole time his head was on the block. After the head had fallen the same phenomena were observed as in the first case, the jet of blood extending to 1.33 meters. The author concludes from his observations that sensation disappears instantly, and that decapitation is consequently not a very painful operation.

THE RESPONSIBILITY OF INSANE CRIMINALS.—Attaching all due weight to the doctrine of moral insanity as affecting responsibility for criminal acts, and utterly denying the old legal test of a knowledge of right and wrong, many reflecting persons are coming more and more to look upon the majority of the insane as to some extent responsible for their conduct, since they are manifestly controlled in some measure by ordinary impulses acting in opposition to their insane propensities. (New York Medical Journal.) We are glad to see that such considerations as these were brought forward by Dr. Everts, of Cincinnati, in a paper read before the recent meeting of the American Association of Medical Superintendents of Asylums for the Insane, held in Providence. The knotty point to be settled in individual instances is as to the degree of responsibility. No greater field of usefulness seems to us to open before our alienists than the investigation of this problem.

THE PRINCE OF WALES.—We consider him, says the *Lancet*, after alluding to his interest in charity works, one of the most hard-working and useful, not only of Her Majesty's children, but of Her Majesty's subjects.

DR. JOHN C. DALTON, the eminent physiologist, has resigned his chair in the College of Physicians and Surgeons of New York. His successor is Dr. John G. Curtis, who for a number of years has been the assistant professor.



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H. A. COTTELL, M.D., - - - - - } Editors.

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## SANITATION ON THE UPPER OHIO.

Public health is or ought to be the most important question of the day, and from many localities we hear that among the profession, the laity, and the State and municipal authorities there has recently been a great awakening, while ways and means for heading off the foreign pestilence and keeping the country free from indigenous disease are devised and discussed with promise of signal results.

Some months ago, when it began to look as if the keepers of the Temple of Hygeia in our own State were in danger of falling asleep at their posts, some strictures in the editorial columns of the *News* appeared.

How much these criticisms may have had to do with the awakening, we can not say; but, from the stirring controversy exhibited soon after in the public prints, and the lively interchange of opinion indulged in for an hour or two before our State Medical Society, it became evident to the profession here that sanitary science in Kentucky was a live issue, and possessed of able and earnest advocates.

Whatever may have been its former record, our State Board is now engaged in earnest and effective work, and bids fair, with the issue of its annual report, to show

a progress unparalleled in the history of State medicine in Kentucky, and sufficient to prove that it is moving steadily on to the front rank of dignity and usefulness.

As a reflex, possibly, of this same movement, our municipal authorities have appointed to look after our city's health a local board, on which may be found some of our best medical men. And now comes the news that the wave of sanitary progress has, though tardy in its course, at length reached our wealthy neighbor on the upper Ohio.

The state of sanitary science in Cincinnati prior to the arrival of this wave and the results of its awakening influences are well shown by the following paragraphs from our esteemed cotemporary, the *Lancet* and *Clinic*:

BOARD OF HEALTH.—The sanitary department of the local government of Cincinnati has been in a most deplorable condition during the past few years, and even now, with an epidemic of cholera threatening our shores, we are without either a City or State board of health. It seems as if nothing short of a pestilence will cause intelligent action on the part of our legislators. However, we much prefer no board at all to one composed of saloon-keepers and members of the criminal classes. We want men of education and more than ordinary intelligence to compose this most important of all municipal boards. Let the bummer element be represented elsewhere.

Before the editor had finished the writing of the above lament, it transpired that the City Council had solved the problem by electing a new board:

Its members consist of five saloon-keepers and one poor, blear-eyed, quack doctor, who advertises to cure the opium-habit and restore lost virginity, and wears a chronic blush on his nasal organ. Just why so much medicated wisdom was injected into that board is beyond our ken.

Our boy says it's all right; the cholera is coming and that will make business good for the doctors. The five saloon-keepers can out-vote the other fellow every time, while they will have the advantage of his advice and operative skill in case their virtue is assailed.

It was indeed a compliment to the medical profession of Cincinnati that no member of it was asked to serve upon this board; but it is not probable that any of the city



fathers thought of the courtesy they were showing it while voting in the five saloon-keepers and the doctor of ethical uncertainty. Certainly they could not have had any aversion to science, either in the abstract or as represented by the gentlemen of the regular profession; and while party considerations doubtless had their due weight, they alone could not have settled so important a question as that of the care of the public health.

We are therefore inclined to take a more philosophical view of the case, and think we find the solution of the problem in my Lord Bacon's aphorism, which runs thus: "It is idle to expect any great advancement in science from superinducing and engrafting of new things upon old. We must begin anew from the very foundations, unless we would revolve forever in a circle with mean and contemptible progress." The application of this aphorism to the case in question would find no hitch in the logic of the enlightened ward politician, *e. g.*:

*Question*: What, in the present case, would be the superinducing and engrafting of new things upon old? *Answer*: The introduction of men of scientific culture into any of our municipal departments. *Question*: What are the very foundations of municipal polity? *Answer*: Whisky and beer. *Question*: Who then are the proper men to select for the carrying forward of not only sanitary, but all other municipal reforms? *Answer*: The saloon-keepers, of course.

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CASE OF BEAD-SWALLOWING.—A child eighteen months old swallowed seventy glass beads and a horn button. They were hexagonal-sided, measuring each about three tenths to one fourth of an inch in length, and about two tenths of an inch in diameter—not large certainly, but numerous. The edges of the beads were sharp and ragged. The button is three quarters of an inch in diameter, and is an ordinary horn coat-button. It suffered no inconvenience, and passed the lot in two discharges a few days after. (This was reported in the *Lancet* of July 7th.)

## Correspondence.

### LONDON LETTER.

*Editors Louisville Medical News:*

There are more Americans in Europe now than there have been at any time during the year, but I am sorry to say there are comparatively few medical men among them, or, if so, they fail to let themselves be known as such, or to visit the hospitals. As a rule, those who come to London ask first, and with almost one accord, where they can see Prof. Lister and when they can see him operate? The next men asked for are respectively about as follows: Mr. Erichsen, Christopher Heath, Mr. Wells, Mr. Bryant, and Dr. Nettleship. I have had the pleasure of introducing a number of Americans to the above named gentlemen, as well as to other prominent professional men of London, and they all, with one or two exceptions, appear to be very glad to meet Americans, generally inviting them to seats of honor during their clinics, etc.

During Prof. Lister's clinic last Friday, while sitting among the members of the class, I was agreeably surprised on looking around to see, just to my right, Prof. Lusk, of Bellevue, looking on and enjoying the clinic and the narrow, hard, standup seats, and pushing and being pushed by the students very much as one of their number.

Among other prominent men in Europe now are Drs. Sims, Flint, and Stone, New York; Drs. Joyce and Robertson, Philadelphia; Dr. Jones, Chicago; Dr. Oakes, Ohio; Dr. Gibson, Georgia, and Dr. Bogie, Missouri.

It is strange that for the past year we have seen so much in American medical journals about the death of Listerism and its abandonment by Prof. Lister himself. I don't see how any single procedure in general surgery, except stopping hemorrhage, could be more generally adopted than Listerism is by a majority of the surgeons and most of the hospitals in London. As to Mr. Lister himself, I don't think it is possible that he could ever have been more enthusiastic in its favor than now, and as to his not getting up before the International Medical Congress and defending Listerism in a speech of flowery eloquence for several hours is certainly not surprising to any unprejudiced man who is acquainted with him. He is a man of few words, a plain, fat, honest, hard-working



Scotchman, doing all he can for the advancement of science, the progress of his profession, and the welfare of humanity. He tells others in a very few plain words what he has done, and how they can do the same thing.

Three weeks ago, he, in one day, excised (under spray, for he never operates without it) two mammary glands, with axillary glands, one of the women being very fleshy, weighing over two hundred pounds, and troubled with kidney disease; operated for suppurative hydatids of the liver, removed a very large fatty tumor from the deep structures of the neck, and amputated one thigh, beside a number of minor operations. All have made complete recoveries, with a very little suppuration in one only of the excisions.

Last Friday he did an operation for goitre, which he has performed a great many times with universal success, but which he says he would never have undertaken without the spray; it consists in making a division in the median line through the gland, with the actual cautery at black heat, then through the opening making a number of extensive punctures into one side of the gland, treating only one side at a time.

WM. HARVEY HARDISON, M.D.

## Selections.

MEMORANDA CONCERNING CHOLERA.—Dr. George Buchanan, F.R.S., President of the Epidemiological Society (Medical Times and Gazette):

1. *Narrative.* Cholera reached Europe by way of Egypt for the first time in 1865. Before that date, its course from Asia had been through the Russian Empire.

At the first appearance of cholera in Europe, over forty years ago, it began in Great Britain fifteen months after its introduction to Europe. At its second appearance, it began with us in England after about the same interval. Its third appearance does not admit of comparison with the others.

At the fourth appearance of cholera in Europe, when it came by way of Egypt, it was epidemic in the Hedjaz in May; it appeared at Alexandria on June 2d; was at Malta, Smyrna, and Constantinople before the end of that month; and appeared in Spain and Italy and at Marseilles during July. Spreading somewhat widely in Europe during the next two months, it was at

Southampton on September 17th, and on November 3d it was witnessed at New York. In the spring of 1866 cholera acquired an increased diffusiveness, and by June had attacked many places in the United Kingdom, but hardly any cases occurred in London until July. [The Suez Canal was opened in November, 1869.]

Extension of cholera from Northern Arabia was next threatened in 1871; and the disease prevailed to a small extent in Europe during 1872 and 1873. Since that date, it has occurred several times among the pilgrims to the Holy places, but has not established itself in Egypt, nor has it prevailed in Europe.

Cholera is now at Damietta, a place with some thirty thousand inhabitants, about six miles from the mouth of one of the branches of the Nile. The way of its arrival thither can not be stated. Damietta is not on any high road from Asia; and the towns above Damietta, on the Nile, are not known to have been affected before this town. No cholera is known of at Suez, nor in the course of the canal, though from Port Said an occasional death is now being reported. In the ten days, ending last Saturday, about five hundred deaths from cholera occurred at Damietta; on July 1st there were one hundred and forty, on the 2d one hundred and thirty, and on the 3d there were one hundred and ten deaths. The disease now exists at Mansourah, higher up the same branch of the Nile, and cases are appearing in other towns situated on the railways of the Delta.

2. *Expectations.* When, I have been asked, may cholera be expected to travel through Europe to England? How long after its present manifestations in Egypt?

Evidently no medical data exist for an answer to the question. We do not understand all the conditions for the diffusion of the disease.

But we in England do firmly believe, what many of our Indian friends would deny, that cholera is influenced in its spread by human intercourse. *We do not affirm that it passes from person to person, as small-pox or typhus does; but we believe that it extends, much after the fashion with which we are familiar in the case of enteric fever, by means of the discharges from the sick, particularly if those discharges are received into foul cess-pools and drains, or if they obtain admission into drinking-water; and human intercourse is one of the conditions for the spread of cholera in such fashion as this.*



If we now, for the sake of hypothesis, suppose other conditions for diffusion of cholera to be to-day what they were in 1865, we may inquire how far the conditions of human intercourse have altered in such wise as to affect the probable dissemination and rate of transmission of cholera in and about Europe. In reply, let it be remembered that, though Egypt has doubtless incurred repeated risk from her communications with the Hedjaz, there is no evidence that even Egypt has been subjected to danger from cholera, at any time, through her direct maritime communications with more eastern countries; let it be remembered that the Suez Canal has now been open for more than thirteen years; and let it further be noted that the present outbreak of cholera in Egypt is not on the line of traffic between Asia and Europe; and it will appear improbable, I think, that the use of the new highway will affect the course of cholera toward France and England. Still, it is not to be supposed that 1883 will find us in every respect under the same conditions of human intercourse as 1865; and it is possible that some of the changed conditions may be such as to affect the opportunities for the migration of cholera. But, plainly, they are not worth speculating about, in view of our complete uncertainty whether those conditions for the diffusion of cholera which are independent of human intercourse are or are not to be the same in 1883 as in 1865.

3. *Precautions.* "Quarantine," meaning by the word a system which professes to prevent the entry into a country of persons coming from another country until assurance is attained that no infection can be introduced by those persons, is not now regarded as capable of fulfilling its pretensions; and its least failure to exclude infection is seen to make the whole system irrational, its cost and its vexations unjustifiable. Accordingly, England, which long ago abandoned the system as of any avail against cholera, has now the consent of most European nations (as expressed by their delegates to the Vienna Conference of 1874) in preferring for the defense of her ports another system which, under the name of "Medical Inspection," aims at obtaining the seclusion of actually infected persons, and the disinfection of ships and of articles that may have received infection from the sick.

The details of this system, as formulated for practical application in the ports and

waters of England, are set forth in an Order of the Local Government Board of July 17, 1873. Provision is there made for the detention of ships at appointed places; for the visiting and medical examination of ships and passengers; for the removal to hospital of persons suffering from cholera or suspected cholera, and for their detention there; for the speedy burial of the dead; for the disinfection or destruction of clothing and bedding, and for the purification of the ship and of articles therein.

This order is at present operative. From a statement by Earl Granville, I learn that it is proposed to re-issue the order, though without change in essentials. It represents the system upon which we rely, in preference to quarantine, for the protection of our shores. For the last ten years the country has been thus prepared for the invasion of cholera, and the fact of this preparedness should be known.

We have reason to hope that, if cholera should enter England, it will find fewer opportunities for doing mischief than at previous invasions. We are generally better provided with defenses against a disease which spreads as cholera can spread. Some further precautions for use at the moment will doubtless be requisite; but it will be on our permanent sanitary works and procedure that we shall with most confidence rely.

ACUTE RHEUMATISM AS A PREMONITORY SYMPTOM OF PHTHISIS.—Dr. John Alfred Austin writes, in *The Lancet*: "Rheumatic fever has never been, as far as I am aware, put forward by any writer or observer as a premonitory symptom of phthisis. I have not even seen it mentioned, that an attack simulating acute rheumatism and preceding the pulmonary symptoms is occasionally observed as a phenomenon in the clinical history of that disease. Within the last few years, however, I have had under my observation no less than four cases of phthisis, in which the more decided pulmonary symptoms had been immediately preceded by the ordinary symptoms of acute rheumatism, where the lung disease seemed to have lain dormant, and to have been suddenly ushered into life and activity on the outbreak of the rheumatic attack. The swelling and redness of the joints and other symptoms, though not very severe, were sufficiently characteristic of rheumatic fever to prevent any error in diagnosis, and duly abated under the alkaline and opium or



salicine treatment. The occurrence of four such cases in my practice within the space of three years entitles me, it must be allowed, to a reasonable suspicion that there might be something more than chance in bringing about such a coincidence, that a rational explanation might yet be found for the curious fact, and that this might be classed among the many strange and capricious symptoms of phthisis, which often foreshadow with terrible certainty the advent of the dread disease. To understand and rightly interpret these omens is worth something to the practitioner, who has not only to anticipate the contingencies of each individual case that comes under his care, but has a reputation to maintain among his patients for far-sightedness and correct prognosis." Here follow reports of four illustrative cases.

PREPONDERANCE IN SEXES.—According to Mr. Gosselin, Secretary to the British Embassy, Berlin, in an official report, he shows that London, in comparison with other cities, stands pre-eminent in the preponderance of females, the proportion being as 113.7 to 100. On the other hand, in Paris, in 1876, there were only 88.5 females to 100 males, in St. Petersburg (1881) 80.8, and in Rome (same year) 79.5.—*Medical Times and Gazette*.

TOTAL ANCHYLOGLOSSUS.—If we may judge from a verbal description, M. Duplouty of Rochefort seems to have shown a remarkable case of tongue-tie before a recent meeting of the Société de Chirurgie. (Lancet.) The case occurred in a female infant, two and a half months old. The lower jaw was arrested in its development, while the atrophied tongue seemed to be every where bound down to the floor of the mouth. Suction and deglutition were thereby greatly interfered with, and even attended with attacks of suffocation. As a consequence the child was ill-nourished, and death threatened unless some relief could be afforded. M. Duplouty proposed to free the interior part of the tongue by means of the thermo-cautery. Several members spoke on the treatment of the case. Many regarded the employment of the knife, with precautions to prevent a relapse, as the best mode of procedure. Even should such attempts succeed, the tongue appeared to be so atrophied that its value as an organ of deglutition, mastication, and articulation would be considerably diminished as compared with a healthy tongue.

ICHTHYOSIS IN TABES.—In the *Progrès Médical*, MM. Ballet and Dutil give a short description of an ichthyotic condition of the skin which they have had occasion to observe in tabes, and which they regard as an essential part of the disease, and not as a mere coincidence. Compared with this, the lesions hitherto described—*e.g.*, herpetic eruptions, ecchymoses, perforating ulcers, etc.—are to be regarded as mere transitory occurrences. The ichthyosis is slowly developed, probably progressive, and seems to be analogous to the now well-known osseous lesions. The lesion, when present, is always found at those situations in which there has been previously some marked disturbance of sensation, either anesthesia or hyperesthesia or lightning pains. The limbs, and especially the arms, would seem to be the parts most frequently affected. The falling off of or alteration of the nails, which have already been described, would seem to be merely a particular example of this same lesion. Disorders of nutrition such as the one under consideration accord very well with the idea of a peripheral lesion which Pierret was the first to recognize.—*Medical Times and Gazette*.

CONGENITAL ABSENCE OF ONE KIDNEY.—Dr. Paul Guttman reports, says the *Medical Times*, two cases of congenital absence of the right kidney complicated with anomalies of the genital organs, in *Virchow's Archiv* for April 6th. A review of the literature of the subject for twenty-five years was made by Beumer, who found forty-eight cases of total absence of one kidney recorded in this period. Thoma, in his great work upon the size and weight of the different organs in the human body in health and disease, adds a few cases to this list, which has been still further extended recently by Falk, Schwengers, and Thiebierge, until medical literature at present contains records of about seventy cases.

BOVINE OR HUMANIZED LYMPH.—Dr. Thomas F. Wood, Secretary to the North Carolina Board of Health, says: (1) Bovine lymph gives all the results of original vaccinations as described by Jenner and others. (2) In his practice this lymph has appeared to be superior in potency to humanized lymph in cases of revaccination. (3) The tendency of the course of humanized lymph is, after a long series of years, toward degeneration, in so far as its protective power is concerned. (4) Humanized lymph has



been known to act as a medium for the transmission of diseases affecting the human subject, whereas no such results are as yet known to have followed on the use of lymph direct from the calf.

**TUMOR OF THE SCIATIC NERVE.**—The following case occurred in the hospital practice of Prof. John Ashhurst, jr. The patient is at present an inmate of the University Hospital, and gives the following history:

On June 16, 1864, owing to a gun-shot wound of the right thigh, he sustained an amputation of that member at the junction of the middle with its lower third. The flaps sloughed, and a few weeks later a re-amputation became necessary. This stump healed, but was somewhat conical in shape, and never, from the very beginning, comfortable, being subject to frequent attacks of severe neuralgic pain. Within a year from the date of the amputation, a small lump, tender to the touch, was noted, situated posteriorly and a little to the outer side of the stump. The pains now became more severe and frequent, and were of a "jumping" character. The tumor increased slowly in size until three years ago, when its growth became more rapid, and at the same time the painful nature of the affection more pronounced, until lately the suffering was well nigh unbearable. Finally the growth assumed the size which you see it now presents, and on the 12th of last month Dr. Ashhurst removed it, since which time the patient has been free from all pain except such as naturally accompanied the healing wound.

The growth is an irregularly-shaped mass, about as large as a small hen's egg, having an external envelope of adipose tissue, loosely held together by connective tissue. On section the interior is seen to be a somewhat elastic, rather dense-looking growth of whitish color, over which pass a few yellowish fibers, probably strands of the sciatic nerve.

Microscopic examination shows an entire absence of any nervous elements, a section exhibiting fat cells, fibrous tissue, some spindle cells, and numerous free nuclei near the dilated blood-vessels.

The tumor would be classed clinically as a neuroma following amputation, while in truth its pathological nature is that of fibroma. It is interesting that a growth causing so much pain should be without any demonstrable nervous endowment, and surgically it is further worthy of note because its re-

moval was attended with immediate and probably permanent relief to the patient, a result which is by no means always obtained by the excision of these growths.—*Boston Medical and Surgical Journal*.

**NOTCHED TEETH.**—In a paper read at the Société de Chirurgie of Paris, M. Magitôt lately called attention to the notching and erosions of the teeth in inherited syphilis, and on the relations of this disease to rickets. He thinks that the notch is not characteristic, and states that it is never found in some races frequently affected by syphilis, such as the Japanese and the Peruvians. According to Magitôt, not only inherited syphilis, but also all other serious troubles of nutrition, may cause diminution in the number and size of the teeth, or delay in the period of their eruption, but never erosion. Most frequently the latter is caused by certain nervous affections of early childhood, such as infantile convulsions, especially when accompanied by general debility.

**LIGATURE OF THE INNOMINATE ARTERY FOR SUBCLAVIAN ANEURISM.**—A case of this operation is recorded by Mr. Thomson of Dublin. The artery was secured with a piece of Mr. Barwell's ox aorta ligature. Hemorrhage occurred on the thirtieth and thirty-ninth days, and the patient died on the forty-second. The following points are interesting: (1) The secondary hemorrhage did not occur from the seat of ligature, but from an ulceration in the artery, at least a quarter of an inch away from it. (2) The coats of the artery were not at all divided by the ligature, and yet though all trace of the ligature had disappeared, even after the most minute search, the artery remained contracted and quite impervious at the seat of ligature.—*Practitioner*.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from July 21, 1883, to July 28, 1883.

*Sutherland, Charles*, Colonel and Surgeon, Medical Director, Mil. Div. of the Pacific, and Dept. of Cal., the leave of absence granted by S.O. 64, H'dqrs. Mil. Div. Pacific, June 30, 1883, is extended two months. (S.O. 168, A.G.O., July 23, 1883.) *Baily, Joseph C.*, Major and Surgeon, assigned to duty as Post-Surgeon at Fort Concho, Texas. (S. O. 87, H'dqrs. Dept. of Texas, July 19, 1883.) *Appel, A. H.*, First Lieutenant and Assistant Surgeon, granted leave of absence for two months, with permission to apply for an extension of one month. (S.O. 30, H'dqrs. Mil. Div. of the Atlantic, July 20, 1883.)



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, AUGUST 11, 1883.

**Original.**

**A BLOW ON THE ABDOMEN FOLLOWED  
BY SHOCK AND PERITONITIS.**

BY E. J. KEMPF, M.D.

In the morning of July 17, 1883, I was called to see Miss C. B., a stout farmer's lass, aged nineteen, who had fallen across a plank-fence from some height, striking with the abdomen on an inch plank. She was picked up unconscious and carried into the house. Half an hour after the accident I found her tossing about on the bed in a half delirious condition, crying for air, snatching at her throat and at the region of her heart. The countenance expressed great anxiety and fear, her lips were blue, the conjunctiva was absolutely white, skin was cold and clammy, pulse feeble, fluttering and intermittent in action, temperature, which was taken twice in a half hour's time,  $94^{\circ}$  F., and respiration shallow and gasping. An examination of the abdomen revealed no evidence of an injury except a very slight tenderness on pressure.

I gave the patient the one fourth grain of morphine, and sent to my office for other remedies. The morphine was given to quiet the patient if possible, and also for its stimulant properties. A half hour afterward a hypodermic injection of the one hundred and twentieth grain of atropine was given. Sinapisms were applied to the abdomen, followed by turpentine fomentations, the entire body was washed with hot whisky and rubbed with rough towels, and hot water bottles were applied to the feet. Every half hour the hypodermic injection of atropine was repeated, the morphine being discontinued. In the intervals small doses of brandy and aromatic spirits of ammonia were frequently given.

Nine hours after the accident the pulse

was still feeble and intermittent, the temperature was  $95.5^{\circ}$  F., and the condition of the patient was about the same as in the morning. At midnight the temperature was still  $95.5^{\circ}$  F. The treatment was continued, except the atropine, instead of which small doses of morphine were ordered.

In the morning of the second day the temperature was  $97^{\circ}$  F., the pulse small and compressible, but no longer intermittent. The belly was distended with gas and painful to the touch. The skin was warm and the face no longer showed a deathly pallor. The patient vomited frequently. She had urinated several times, but neither the vomit nor the urine contained blood. The brandy and ammonia were continued, iced milk, iced chicken-broth, and small bits of ice were ordered, and hot fomentations with turpentine to the abdomen. Fearing peritonitis I ordered a one half grain dose of morphine every three hours and two drops of tincture aconite every six hours.

In the evening the temperature was  $100^{\circ}$  F., and the pulse 120 and strong and full. Face somewhat flushed and the abdomen very much distended with gas and very painful. Every three or four hours she would have an attack of intense pain in the abdomen and become uncontrollable. During such periods I gave the morphine hypodermically. The patient also complained of pain in the right shoulder, which belladonna liniment relieved.

On the third day the temperature ranged from  $98^{\circ}$  to  $100.5^{\circ}$  F., and the pulse from 100 to 130, depending very much on the morphine and aconite that was given her. The treatment of the previous day was continued. The vomiting had disappeared.

On the fourth day the temperature was  $100^{\circ}$  in the morning and  $101^{\circ}$  in the evening, the other symptoms remaining about the same. I gave the patient an enema of castor-oil and soap-suds. A large quantity



of gas and feces escaped and the patient expressed herself decidedly relieved and went to sleep. The treatment of brandy and ammonia as stimulants was discontinued. The morphine was replaced by thirty drops of deodorated tincture of opium every three hours, and the aconite was only occasionally given. Warm drinks, coffee, milk, beef-tea, and chicken-broth were given, and the fomentations to the abdomen kept up. On the twelfth day the patient was convalescent.

*Comments:* The case was no doubt one of concussion of the solar plexus with contusion of the peritoneum, followed by peritonitis. Though this class of cases—concussion of the solar plexus—rarely prove fatal, except it be immediately after the accident, the shock in this case was very profound and prolonged, lasting almost twenty-four hours. The temperature, 94° F., depending no doubt on the heart's action, showed that the patient was at death's door, and it seemed to me that the hypodermic injection of atropine alone saved her, by stimulating the cardiac ganglia of the sympathetic and thus increasing and regulating the motor power of the heart. The fluttering and intermittent condition of the pulse and gasping for air, as well as the painful feeling over the heart, indicated that the heart was wavering and that an immediate and powerful stimulant was needed. Atropine was therefore given hypodermically, in all four doses or one thirtieth of a grain. The brandy and ammonia no doubt did their share of good, and were mainly relied on after the patient had somewhat recovered from the shock.

The morphine was given on the spur of the moment, and when nothing else was at hand, not even a drop of whisky, to increase the heart's action, but was abandoned as soon as the other remedies appeared. Afterward it was given in full doses with a different object, namely to control the pain and the inflammation of the peritoneum.

I think the lesson to be deduced from the case is that we should never despair when the gravity of the symptoms points to the most formidable injury.

Contusions of the abdominal walls are very severe in their results, because the walls envelop a large serous surface in intimate connection with the solar plexus of nerves, but no doubt a majority of the cases will recover under proper treatment. Such treatment will depend of course very much on the symptoms.

FERDINAND, INDIANA.

## SYPHILITIC IRIDO-KYKLITIS.

BY R. M. FERGUSON, M. D.

*Oculist and Aurist to Louisville City Hospital.*

D. S., aged nineteen. This patient had been under treatment for some time for constitutional syphilis, and, considering herself cured, ceased taking her medicine. Shortly after this she took cold, and then iritis set in with intense ciliary congestion and the usual symptoms of iritis, dullness of iris with change of color, immovable pupil, nocturnal exacerbations of ciliary neuralgia, and symptoms more or less indicative of its specific character, the development of the so-called gummata in the iris, and a dust-like deposit on the lower part of the posterior surface of the membrana descemetii, the latter being characteristic of the so-called iritis serosa, and indicative of the implication of the ciliary body. In one eye the symptoms were exceedingly severe, with great injection of the ocular conjunctiva, intense ciliary neuralgia, and the development of large nodules or gummata. The other eye was also apparently threatened, as there was considerable ciliary injection, some pain, and possibly slight sluggishness of the pupil. There was, however, neither distinct dullness of iris nor synechiæ.

The patient was put as rapidly as possible under the influence of mercurials, and a strong solution of atropine (four grains to one ounce) dropped in the eye, four to six times a day. At first the atropine dilated the pupil very well, then it appeared to lose its influence, the gummatus swellings threatening to close the pupil completely, and forming broad posterior synechiæ. The symptoms appearing to increase rather than diminish, leeches were applied to the temple, and when next seen the posterior synechiæ, which had formed, had been detached and the pupil was moderately well dilated, the general condition of the eye being much improved. It was found necessary to reapply the leeches a few days later, and the day after the eye appeared almost normal—only the slight ciliary injection and the deposit on the membrana descemetii remaining to indicate the trouble which had existed. Vision however was only  $\frac{2}{5}$  of the normal. On examination with the ophthalmoscope a diffuse cloudiness of the vitreous was detected, rendering the details of the fundus slightly obscure, and indicating that kyklitis had been superadded to iritis. Under constitutional treatment cloudiness of the vitreous gradually disappeared, and



vision correspondingly improved until perfect recovery, with  $V = \frac{20}{20}$ , was obtained.

This case, though by no means an uncommon one, still presents certain points of interest. From the local phenomena the specific origin of the disease could be diagnosed with almost absolute certainty. These diagnostic symptoms were the punctiform deposit, only visible by oblique illumination and on close observation on the posterior surface of membrana descemetii, and the gummatous swellings on the iris—the latter appearance being almost pathognomonic. In this case the effect of local blood-letting was most marked, and illustrates the fact that the pupil often refuses to dilate to atropine alone, but dilates when the atropine is re-enforced by a local withdrawal of blood. In its symptoms, progress, and termination, it may serve as a typical case of irido-kyklitis under favorable circumstances, and probably of a mild character. This patient was fortunate in applying for treatment early—on the second or third day—before the disease had acquired excessive severity or had produced decided changes. Such cases, however, when allowed to run on without treatment, or what is worse, with improper treatment, may terminate most fatally for the sight, or bring about secondary results, requiring for their alleviation or cure operative procedure. In hospital cases it is by no means rare to come across eyes hopelessly ruined by neglect of this disease. Among the conditions to which it may give rise may be included almost all the ills that eyes are heir to. Owing to the affection of the ciliary body, the secretion of the nutrient fluids of the interior of the eye is interfered with, giving rise to cataract, glaucoma, fluid vitreous, etc., or plastic matter may be thrown out in the vitreous humor, completely covering the posterior surface of the lens, or perhaps, later, undergoing contraction and causing detachment of retina, dislocation of lens or sympathetic disease. The plastic matter may be thrown out in such quantity and in such a position as to offer an obstacle to the escape of fluids from the posterior part of the eye into the anterior and thence out of the eye. The secretions from the ciliary body (or possibly from the choroid) normally pass into the vitreous, thence between the margin of lens and the ciliary processes, between the fibers of the zonula Zinnii, into the posterior chamber. From the posterior chamber the fluids pass through the pupil into the anterior chamber, and then passing through the

mesh-work of the so-called ligamentum pectinatum, enter the circulus venosus, and thus re-enter the vascular system. Unless all these channels are free the secretions must accumulate behind the obstacle, and produce an increase of tension—glaucoma—producing more or less damage according to the degree of obstruction. It is easy to perceive how this may very readily occur at the zone of Zinn. A very slight exudation at this point may easily block up the space between ciliary body and lens. The increased tension may likewise be produced by the pupil becoming occluded, or by the formation of a total posterior synechia. Exudation at the base of the iris likewise offers an obstacle by closing the interspaces at the ligamentum pectinatum. The exudation of plastic matter may be so profuse as to almost or entirely encapsulate the lens, or to produce most extensive adhesions between the posterior surface of the iris and anterior surface of the lens, rendering all operative procedure exceedingly dubious or absolutely resultless. The shrinking of the neoplastic formation may even give rise to an irritation which may manifest itself by that most dreadful of all eye diseases, sympathetic ophthalmia. These are some of the numerous troubles which may and very frequently do follow or accompany irido-kyklitis, rendering the disease one of the greatest moment, and one deserving the most careful examination, the most constant attention, and the most thorough treatment. It is not enough that the attention be directed to the inflammatory and irritative symptoms, and to the visible changes, such as are produced by the post synechiæ, and that the eye be considered cured so soon as the sclera becomes white again.

If this be called a cure, I am sure there will be a vast number more who are considered cured than who really are. Many of these cases, if examined by the ophthalmoscope, would reveal diffuse cloudiness of vitreous with floating opacities, and when tested with test-types would be found to have a visual acuity of  $\frac{20}{200}$  or less instead of the normal  $\frac{20}{20}$ . The tension of the globe should always be carefully noted as well as the remains of any tenderness to the touch in the ciliary region; increased tension indicating glaucoma, diminished tension threatening atrophy of the globe, and continued ciliary tenderness revealing smoldering kyklitis, which may blaze into a destructive disease for the affected eye or for the healthy eye by sympathetic disease.



## Miscellany.

**FRUIT IN SUMMER.**—Lightness is the first essential alike in the food and drink taken in warm weather. (The British Medical Journal.) There is then less work to be done, less waste of tissue, less need of the pre-eminently muscle-forming and heat-producing substances, meat and bread; and fruit, as being both palatable and easily obtainable, is much in use. Its advantages are that it provides a seasonable change of diet, light and wholesome if well chosen, and a palatable tonic and stimulant of digestion with aperient properties. There are few who can not enjoy it in one form or another. For diabetics, only the least desirable kinds, as certain nuts and almonds, are available, all others, as containing sugar, being forbidden. Sufferers from acid dyspepsia must select carefully, and limit their consumption to the least irritating—a few strawberries or a few grapes. Diarrhea and dysentery preclude the use of all fruit. On the other hand, for constipated persons, it is sometimes the only reliable remedy which they can use continuously with comfort; it is also of benefit in renal diseases, by its action on the bowels. Atonic persons generally take it well, and feel the better for its digestive property. Those in normal health may eat almost any ripe fruit. The bland varieties are the most wholesome and nutritious—strawberries, apples, pears, grapes, and gooseberries. The last named, however, with currants and raspberries, are less wholesome than the others. Stone-fruits are apt to disagree with the stomach; but the more watery, as peaches and large plums, are better than the smaller and drier, as apricots and damsons. The pulps of oranges render them heavy. Among other foreign fruits, bananas are wholesome. The skins of fruits in general, and dried fruits are indigestible. Nuts, the edible part of which is really the seed, contain much albumen and some fat in a condensed form, and are particularly difficult of digestion. Fruit may be taken with a meal or on an empty stomach. In the former case it promotes digestion by its gently irritating effect on the mucous membrane of the stomach and intestine. If an aperient effect be desired, it had better be taken in the morning before breakfast or between meals. A succulent and pleasantly acid variety is best for both of these purposes, while it is also a food. The quantity of fruit which should be taken

depends on the kind. If it belong to the bland nutritious class, a healthy person may now and then partake of it as freely as of any other wholesome food; but he will gain most benefit if he take only a little, and take it regularly. The same may be said of the invalid with whom fruit agrees. Cooking removes much of the acidity from crude fruit, and renders it lighter as well as more palatable. So treated, it is productive of good and no harm; but it is a fundamental principle that whatever fruit is eaten uncooked must be fully ripe and not over-ripe. This may sound trite, and indeed the principle is commonly admitted; but not, it would seem, by all, for we still find people, and not a few, who will themselves deliberately take, and worse, will give to their children, green gooseberries, green apples, etc., the very hardness of which, apart from their acid pungency, suggests their unfitness for digestion. Such people use as food an acid irritant poison, whose necessary action is to cause excessive intestinal secretion with more or less of inflammation. Hence arises diarrhea. On the other hand, fruit which is over-ripe, in which fermentation has begun, is a frequent cause of this disorder, and equally to be avoided, and perhaps also more difficult to avoid because the insidious beginning of decay is not easily recognized. It should never be forgotten by any who incline to follow the season in their feeding, that the want of such precautions as the above may produce that dysenteric form of diarrhea, "British cholera," which is occasionally as rapidly fatal as the more dreaded Asiatic type of that disease.

**THE LIFE OF MAN.**—Man, born of woman, is of a few days and no teeth. And indeed it would be money in his pocket sometimes if he had less of either. As for his days, he wasteth one third of them, and as for his teeth, he has convulsions when he cuts them; and as the last one comes through, lo, the dentist is twisting the first one out, and the last end of that man's jaw is worse than the first, being full of porcelain and a roof-plate built to hold blackberry seeds.

Stone bruises line his pathway to manhood; his father boxes his ears at home, the big boys cuff him in the play-ground, and the teacher whips him in the school-room. He buyeth Northwestern at 110, when he hath sold short at 96, and his neighbor unloadeth upon him Iron Mountain at 63½,



and it straightway breaketh down to  $52\frac{1}{4}$ . He riseth early and sitteth up late that he may fill his barns and store-houses, and lo! his children's lawyers divide the spoil among themselves and say, "Ha, ha!" He growleth and is sore distressed because it raineth; and he beateth upon his breast and sayeth, "My crop is lost!" because it raineth not. The late rains blight his wheat and the frost biteth his peaches. If it be so that the sun shineth, even among the nineties, he sayeth, "Woe is me, for I perish," and if the northwest wind sigheth down in forty-two below he crieth, "Would that I were dead!" If he wear sackcloth and blue jeans men say, "He is a tramp;" and if he goes forth shaven and clad in purple and fine linen all the people cry, "Shoot the dude!"

He carryeth insurance for twenty-five years, until he has paid thrice over for all his goods, and then he letteth his policy lapse one day, and that same night fire destroyeth his store. He buildeth him a house in Jersey, and his first-born is devoured by mosquitoes. He pitcheth his tent in New York, and tramps devour his substance. He moveth to Kansas, and a cyclone carryeth his house away over into Missouri, while a prairie-fire and ten million acres of grasshoppers fight for his crop. *He settleth himself in Kentucky, and is shot the next day by a gentleman, a colonel, and a statesman, "Because, sah, he resembles, sah, a man, sah, he did not like, sah."* Verily there is no rest for the sole of his foot; and if he had it all to do over again he would not be born at all, for "the day of death is better than the day of one's birth."—*Burlington Hawkeye.*

**LATHYRISM.**—The difficulty of ascertaining the precise position in medical nosology of certain diseases of tropical climates was well illustrated by a discussion which took place at a recent meeting of the Académie de Médecine. (The Lancet.) M. Proust gave an account of a neurotic disease which he had had the opportunity of studying some weeks ago in the Jurjura Mountains of Algeria. This malady appears to be due to the ingestion of large quantities of "djil-bel," a kind of pea—*Lathyrus cicera*—which the inhabitants of these parts consume, more especially in times of famine and scarcity. "Spasmodic spinal lathyrism," is the name proposed by M. Proust, for the reason that, in the opinion of M. Bouchard, who studied this affection some time ago, the symptoms appeared to be due to a transverse myelitis or to a hemorrhage

in the spinal cord, followed by secondary degeneration. The etiology of lathyrism is believed to resemble that of ergotism and pellagra. Disorders of motion, principally affecting the lower extremities, and accompanied by disturbances in the urinary and sexual functions, are the chief symptoms. M. LeRoy de Méricourt insisted on the alliances of this malady with some forms of beri-beri. But the nature of that ill-defined affection is not sufficiently understood. The association of lathyrism with it can not therefore be of much value. At a subsequent meeting Dr. Bouley spoke of some observations he had made on horses. It appeared that the use of *Lathyrus cicera* in the diet of the animals induced paralysis of the hind quarters, and more or less rapid death from asphyxia. Referring to Dr. Burq's well-known researches on the prophylactic virtues of copper in cholera, Dr. Bouley thought that a trial of the djilbel might be made both as a preventive and curative agent in cases of hydrophobia.

**ANOTHER DEATH FROM SEA-SICKNESS.**—We take this from the Lancet: An inquest was held last week at Wapping, on the body of a young woman who had died of sea-sickness on her passage to London from Copenhagen. The deceased had suffered greatly during the whole of the voyage, and on the arrival of the ship at Gravesend she was found dead in her cabin. The surgeon who made the necropsy gave it as his opinion that death had resulted from sudden failure of the heart's action from prolonged sickness.

**AN EXAMPLE FOR PHYSIOLOGISTS.**—"Hunter derived his knowledge mainly from observation assisted by experiments, and not so much by hearing or reading of the results of others' labors."—*From the Oration before the Hunterian Society, by Mr. E. G. Gilbert, M.R.C.S.*

[The average teacher of physiology is content to quote freely and to teach blindly the operations of the so-called authorities, *i. e.* book-makers, confining his experiments and demonstrations usually to a pigeon's brain, a pair of frog's legs, and possibly making a fistula in a dog's stomach.]

**POST-MORTEM PARTURITION.**—In Spain, during the last civil war, a pregnant woman, being hung by the Carlists, gave birth to a child, while suspended from the gallows, four hours after death.



A NEW DISPENSARY IN LOUISVILLE has been opened by Drs. W. Cheatham (Eye, Ear, and Throat), Ap. M. Vance, A. M. Cartledge (Surgical Clinic), J. G. Cecil, M. Thum (Medical Clinic). In their announcement these gentlemen say, "It is our purpose to give *medical services* alone free. We have made arrangements with neighboring druggists to enable patients to have their prescriptions filled at cost. It shall be our endeavor to prevent imposition upon charity, well knowing that a majority of such institutions are resorted to by many people perfectly able to not only pay for medicine, but also the fees of a physician. Recognizing this fact, none will be given free services unless proving, beyond doubt, that they are deserving of it." The energy and ability of these gentlemen make the success of the dispensary a certainty.

INTERNATIONAL MEDICAL CONGRESS.—The Eighth International Medical Congress (according to the notice already given) will be held in Copenhagen from the 10th to the 16th of August, 1884. The General Committee of Organization, formed for preparatory work, is composed of the following members, who live in or near Copenhagen: Prof. P. L. Panum, President; Prof. C. Lange, Secretary-General; Dr. O. Bloch, Dr. C. J. Salomonsen, and Surgeon-General John Moller, Secretaries; Prof. E. Hansen Grut, Honorary Treasurer.

The chairmen of the sections are as follows: Prof. Chievitz, Anatomy; Prof. P. L. Panum, Physiology; Prof. C. Reisz, General Pathology and Pathological Anatomy; Prof. F. Trier, Medicine; Prof. Holmer, Surgery; Dr. E. Hornemann, Hygiene and State Medicine; Director-General Salomon, of the Army Medical Department, Military Surgery and Medicine; Prof. Steenberg, Mental and Nervous Diseases; Profs. Stadfeldt and Howitz, Obstetrics and Gynecology; Professor Hirschsprung, Diseases of Children; Prof. E. Hansen Grut, Ophthalmology; Prof. Haslund, Dermatology and Syphilis; Dr. W. Meyer, Diseases of the Ear and Throat.

The special committees formed for these sections have completed their number by the appointment of members living outside of Copenhagen, in Denmark and other Scandinavian countries.

In order that the meeting of so many distinguished medical men may be as interesting and profitable as possible, the committee, following the example of former Con-

gresses, will receive from prominent medical men of all countries suggestions relative to the formation of a suitable programme. This programme, as well as the rules, will be forwarded to such of the profession as are supposed to take an interest in the work of the Congress, and who may be inclined to take part in its proceedings.

In order that the programme may be ready as soon as possible, it is desired that communications referring to the work of the Congress shall be sent to the Secretary-General before the 1st of October next.

The programme and rules will be forwarded as soon as possible to every person qualified to participate in the Congress, who, within the time above indicated, shall announce to the Secretary-General his interest in the Congress, and his intention of participating in it. The candidate for membership will please name the section he may wish to join.

CLERGYMEN AND PHYSICIANS.—It is a growing opinion that churches and congregations should make it possible for their ministers to pay their medical men. Not to do so is not generous to the minister nor just to the medical practitioner. We believe we are right in saying that the Wesleyan church does make provision for medical expenses. In extreme cases of narrow means gratuitous attendance is a pleasure: but it is neither a pleasure nor a duty in any other case. *The Lancet*.

THE SOURCE OF TRICHINÆ.—J. E. Morris, M.D., in the Clinical Brief, says, in regard to trichinæ in swine, that it is a well-established fact that the real source of infection in swine lies entirely in the rat. A committee of Vienna physicians found in Moravia thirty-seven per cent of rats examined trichinous; in Vienna and its environs ten per cent; and in Lower Austria about four per cent. The well-known voracity of the hog, and its special fondness for meat, cause it to feed upon the flesh and excrements of other animals infested with these parasites, and especially rats and mice. To prevent trichinous swine, it is highly important to cut off all the sources of disease in the diet of these animals.—*Popular Science News*.

OF GREAT INTEREST TO PHYSICIANS.—Of the thirty-six States of the Union, Kentucky stands eighth in amount of banking capital, of the Western States she stands third.



**CINGALESE IN PARIS.**—The Parisians are being entertained by a party of Cingalese just arrived from Ceylon, and who are encamped in the Jardin d'Acclimatation. (The Lancet.) They are twenty-one in number, consisting of thirteen men, five women, and three children. One of the latter, an infant, was born at sea. The men are rather handsome, of a dark-copper complexion, but their muscular system is not much developed. Their hair, which is jet black, is straight and long, and put up in a knot at the back of the head, the whole fastened with a large crescent-shaped comb. The forehead, which is high, is surmounted by a red kerchief, which serves as a turban, but they go about for the most part bareheaded. Their costume consists simply of a long piece of colored cotton cloth, which they ingeniously wind around their body so as to form a sort of petticoat. The upper part of the body is generally bare, but since their arrival in Europe they have taken to knitted cotton vests as they feel the effects of the difference of climate. The women are dressed much in the same way, but they wear a jacket of some bright color and their hair is ornamented with flowers and ribbons. They have a troop of ten elephants with them, which are made to work in various ways, such as carrying with their trunks large logs of wood, trunks of trees, blocks of stone, etc.; they are also employed in mixing the mortar for building purposes, which they likewise do with their trunks; and the docility and intelligence they display attract the admiration of the lookers-on, who go to the garden every day by thousands to witness the interesting sight. The elephants are rather smaller than those of Central Africa, and their hind feet have four toes instead of three, as is the case with the African elephant. Small bullocks, scarcely higher than a new-born calf, are harnessed to light carts which are used for traveling and other purposes. They are guided by reins, which are passed through the septum of the nose, and trot as fast as any pony. Ethnically, these Cingalese seem to be of a mixed type, between the Caucasian and that of the aborigenes of Southern India.

**POISONING BY ALCOHOL.**—From time to time we have to record sudden deaths from what has been regarded at the time as an overdose of alcohol; but we fear that, in many of these cases, not only the quantity, but the quality, of the intoxicating fluid is at fault. In a recent number of the Jour-

nal we gave the analyses of some samples of shebeen whisky that had been seized at Greenock, and very noxious compounds they were. Recently, we observe, it has been reported to the Paisley Town Council that many of the intoxicated persons brought in by the police had bottles of methylated spirit or "finish" in their pockets. The matter has very properly been brought under the notice of the authorities, with the view of adopting measures to prevent abuse of the liberty given to sell methylated spirit free of duty. Indulgence in this form of spirit must materially add to the dangers of intoxication.—*British Medical Journal*.

**THE PROPHYLACTIC POWER OF COPPER.** Dr. Burq, whose researches on the prophylactic virtues of copper in cholera are well known, has followed up his investigation of the merits of the drug by a digest of the figures relating to the last epidemic of typhoid fever which occurred in Paris. (The Lancet.) He shows that the forty thousand men and women employed in working copper would—if the death-rate among them had been, as with the rest of the population, 1.3 per thousand—have lost fifty of their number. As a matter of fact only ten died, and seven of these were very little exposed to swallowing the copper dust, in which, as Dr. Burq believes, the healing virtues of copper reside. Dr. Burq draws from all these facts the conclusion that the organism of workmen exposed to the action of copper undergoes a progressive cupric impregnation opposed to the development of the microbes of infectious diseases.

**AMERICAN LARD!!**—In the course of a dispute between the Chicago dealers in lard, it has been incidentally disclosed that most American lard is adulterated from ten to one hundred per cent with oleomargarine, stearine, cotton-seed oil, tallow and terra alba.—*Boston Med. and Surg. Journal*.

**IMPROVED MORTAR.**—Sawdust is said by some one to be better than hair in protecting rough-cast from peeling and scaling under the influence of frost and weather. The sawdust should be first dried, and then thoroughly sifted, in order to remove the coarser particles. A mixture is then made of two parts sawdust, five parts sharp sand, and one part cement, which should be thoroughly stirred together, and then incorporated with two parts of lime.—*Popular Science News*.



**A WAY TO GET ON.**—If you should happen to have no patients, do not let that trifle disturb you in the race of fame; but get some poor monkey or dog by the tail, perform an "experiment" on him, look up the "bibliography" or "literature" of the monkey, copy into your monogram what some other man did with a monkey, put his monkey and your monkey together, and that will make quite a respectable article; the article will be still larger and more imposing if you copy out several "experiments" performed in London and Paris—but *put your own name at the head of the whole thing* (all the monkeys). If human beings are scarce in your office, write up pigs and horses—that is not bad to begin with.—*The Planet*.

**COMPARISONS ARE ODOROUS.**—A Western exchange thus combines the statement of a Chinese mode of vaccination with a hit at the rubicund noses of St. Louis folk: "In China they always vaccinate people on the tip of the nose, and when there is danger of an epidemic the whole city gets vaccinated at once. It is said that after the things begin to 'take' it is impossible for an American traveler to realize that he is not in St. Louis."—*Popular Science News*.

**IMITATION CAOUTCHOUC.**—Dankworth and Landers, of St. Petersburg, have invented a composition which is elastic, tough, water-proof, and insulating, and which is applicable to nearly all the purposes for which India-rubber is used. It is composed of a mixture of wood and coal-tar, linseed oil, ozokerit, spermaceti, and sulphur, which are thoroughly mixed and heated for a long time in large vessels by means of superheated steam.—*Popular Science News*.

**WATER POWER OF THE ALPS.**—It is now proposed to use the enormous water power of the Alps for working electric railways in Switzerland. Operations are understood to be in progress now to connect the towns of St. Moritz and Pontresina by an electric railway four and three fourths miles long, the motive power to be supplied by the mountain streams.—*Popular Science News*.

**MARRIAGE OF COUSINS.**—*When cousins are healthy, and have no proclivity to disease, they may safely marry, but the existence of strongly marked scrofulous or other taint in the blood should prevent such marriages. This should also be a reason for the non-marriage of those who are not in any way related.*—*The Lancet*.

**THE INDIANA STATE BOARD OF HEALTH.** It is to be regretted that while other States are advancing in State Medicine, and while other Boards of Health are doing good work, that the Indiana State Board is not advancing but really going backward, and most of the members of the profession entirely ignoring its orders and refusing to make out the reports required.—*Ft. Wayne Journal of Medical Sciences*.

M. VIGNIER believes that animals are indebted for the powers of direction which they sometimes manifest so strikingly to the possession of a magnetic sense relating to the forces that govern both the direction and the inclination of the needle, the seat of which he locates in the semicircular canals of the internal ear.

M. VICTOR ST. PAUL has placed £1000 at the disposal of the Paris Academy of Medicine as a prize to any person, without limitation as to calling or nationality, who shall succeed in discovering an "infallible" means of cure for diphtheria.—*Popular Science News*.

DR. DAVID W. YANDELL was chairman of the committee which escorted President Arthur from Washington City to the Southern Exposition at Louisville. It is said that he completely captivated the President by his fascinating manners and matchless anecdotes.

WE regret that the third of the series of interesting articles on Cholera from our learned contributor, Prof. T. S. Bell, has been crowded out of this issue by an unusual press of matter. It will appear next week.

A DRUGGIST, recollecting the Latin compliment to the product of the vineyard, "*In vino veritas*," has put up this inscription to the credit of his soda-fountain, "*In soda sanatas*."

MANY of our subscribers are in arrears for subscriptions. Friends, please to let us hear from you at once.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from July 28, 1883, to August 4, 1883.

Turrill, H. S., Major and Assistant Surgeon, granted leave of absence for one month, to commence September 1, 1883. (S. O. 77, Dept. of the Platte, July 26, 1883.)



# The Louisville Medical News.

Vol. XVI. SATURDAY, AUGUST 11, 1883. No. 6.

LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - } Editors.

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## THE CHIEF OF SOVEREIGNS IN A KENTUCKY CROWD.

On the 1st of August Mr. Arthur, President of the United States, opened the Southern Exposition in this city. It was a graceful act in the President, and is gratefully appreciated by the people of the South. Louisville on that day presented a scene long to be remembered. A general holiday was declared, and the private and public buildings on every hand were decked in banners and flags and beautiful devices expressing welcome and patriotism. A sea of blithe and cordial people dressed in summer garb flooded the streets and filled the windows and porticoes and doorways on the line of march from the Galt House. Twenty thousand people received the President at the Exposition, and with waving hats and handkerchiefs and hearty cheers welcomed their chief magistrate. It was a glorious company, the personnel of which no country may surpass. Had those prejudiced foreigners who, after a brief sojourn in the sea-coast cities, and a rapid run to some of the newer western towns, have written so flippantly and dogmatically of American physical degeneracy, been in Louisville on the 1st of August, they would have seen a people whose stature and weight,

to say nothing of comeliness, they would have been compelled to admire. In the bright eyes and fresh color and cheerful faces of the multitude the student of nature read the story of peace and plenty, of health and contentment.

Nowhere in this country have we ever been impressed by that expression of care and wear and worry and hurry and haste and waste which Mr. Spencer and others have so dilated upon and lamented over.

Certainly, in this land of the Bluegrass the hearts of the people do not seem to be "beating funeral marches to the grave." Indeed, outside of France we have never seen so merry a congregation as that which assembled in Louisville on the 1st of August. Americans are less rosy than their English brothers, not because they rush through life more rapidly and are of feebler health, but because American suns are hotter than English suns and American skies are less clouded. With us the sun seldom shirks duty. In England he hides himself habitually. Another source of English color, and to no insignificant extent, is the painting of "The Spirit," or, as it is commonly called, alcohol. In England the use of wine or beer, or some such drink, is the rule. With us it is the exception. To this same spirit is English rotundity somewhat due—much more largely than to fat capon lining, roast beef stuffing, and easy, even-going, careless living.

Dr. Beard's "American neurasthenia" is bosh.

There should be less nerve-exhaustion in this country than any where, if neurasthenia comes from strain; for here wealth and fame are more easily and more rapidly acquired—are attained with less mental and physical effort than in any part of the world. Americans, class by class, will compare favorably with any nation. In all lands the higher orders, as they are called, the well-to-do, stand physically at the head. The laboring people every where, the peasantry, are in stature, in pulchritude, and in longevity inferior. As the wheel of Fortune turns we may see, not infrequently, even in a single



generation, physical improvement or debasement taking place.

To commence with the "higher class," we cheerfully match Mr. Arthur, the ruler elect of the Americans, against any foreign potentate. He is over six feet in height, straight as a flagstaff, weighs about fifteen stone (210 pounds), and in appearance is handsomer and more kingly than any of the crowned heads, or their kin, whom we have had the fortune to see. Among these we recall Napoleon III and several smaller N's, the Prince of Wales, King Victor Emmanuel of Italy, the King of Belgium, the Grand Duke Alexis of Russia, the Emperor of Austria, and some lesser heirs of the purple.

We will not suggest a comparison in any other class, since every American being a sovereign and considering himself a gentleman, the comparison would be odious to the compared and might be dangerous to the comparer.

Suffice it to say, the sovereigns of America are quite equal in all respects to Her Majesty's subjects, either in her tight little islands at home or in any of her wild lands abroad. And, as to the other nations, they will not bear comparison with the English or the American; their mission is to commingle with these peoples, and to be absorbed in the consequent renaissance, and to be transformed into Englishmen or Americans. The names and the mental and physical features of these two nations show, no less than their history, that they have ever devoured and assimilated other peoples, and the result is a grand excellence.

In conclusion we recall with pleasure—and the jealous will say with pride—the courtly President's comment on our people. Ruskin avers that to paint a thing you must become that thing. If this be true, then President Arthur should be a competent and credible judge in questions of physical excellence. He said, among many complimentary things, "The Kentuckians are certainly a splendid people, and all their women it seems are beautiful."

## Bibliography.

**A Treatise on the Diseases of the Eye.** By J. SOELBERG WELLS, F.R.C.S., Doctor of Medicine of the University of Edinburgh; Professor of Ophthalmology in King's College, London, etc. Fourth American from the third English edition, with copious additions by Charles Steadman Bull, A. M., M. D., Lecturer on Ophthalmology in the Bellevue Hospital Medical College, etc. Philadelphia: Henry C. Lea's Son & Co. 1883. For sale by John P. Morton & Co.

The simple announcement of a new edition of a classic work is usually all that is required of the reviewer; but the present volume contains so many new features that a notice of them may not prove uninteresting to the student of ophthalmology. The additions to the original text may be summed up from the editor's list, as follows: Description of Landolt's method of blepharoplasty, and the editor's method of treating depressed scars of the face. New sections on purulent conjunctivitis of new-born children, and membranous conjunctivitis are introduced with large additions to the section on diphtheritic conjunctivitis. The views of Sattler upon the nature of trachoma have been inserted. The treatment of obstinate pannus and trachoma by means of the jequirity bean are not mentioned, because the MSS. was in type before the observations on this subject were published. The observations upon the comparative physiological and therapeutical value of various mydriatics in diseases of the iris and ciliary body are new. Mooren's views as to the optic nerve being the seat of the lesion in sympathetic ophthalmia, as well as the discussion of the subject before the London International Congress of 1881, have been embodied in the work. Additional observations upon the operation of optico-ciliary neurectomy will also be found here, with the views of Priestley Smith and Brailly upon the nature and causes of glaucoma. Hughlings-Jackson's contribution to the literature of optic neuritis, a fuller discussion of the subject of the removal of particles of steel or iron from the eye by means of the magnet, and important additions to the chapter on diseases of the ocular muscles with reference to the occurrence of conjugate deviation of the eye in bulbar lesions of the encephalon. These additions, with the fewest possible changes in the original text, bring the work up to the present scientific requirements of the subject at hand.



The high rank of ophthalmology among the sciences has been well earned by the labors of many eminent investigators, practitioners, and writers, and no better evidence of its steady advancement can be found than the frequent call for new editions of such books as the one under review, while the excellent qualities of these works attest its claim to the highest esteem of the profession at large. The editor has done his part ably and faithfully, and the book displays the characteristic excellence of its publishers' work.

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**Treatment of Diseases of Infancy and Childhood**, with over four hundred formulæ and prescriptions, as exemplified in the service, of Drs. A. JACOBI, J. LEWIS SMITH, ALONZO CLARK, AUSTIN FLINT, etc., and in the Hospitals of New York City, by Charles H. Goodwin, M.D., New York. C. H. Goodwin, M.D., 245 West Fifty-third Street. 1883. Price \$2.50. For sale by John P. Morton & Co., Louisville, Ky.

This work is similar in scope and plan to the author's recent treatise on the Treatment of Diseases of Heart and Lungs.

Every disease peculiar to children in the temperate zones is prescribed for according to the latest methods of treatment. Formulæ and prescriptions are given for the proper exhibition of medicines in every case, and such measures as are necessary to the management of each disease are noted with a fullness remarkable indeed for so small a volume.

This book, as may be seen by the title-page, is a compilation, embracing all the essentials of treatment devised and practiced by twenty-six or more eminent practitioners and writers in this department of medicine, and is so arranged that each author in succession is made to deliver his opinion as to the proper treatment of each affection named in the treatise.

The idea is original and happy, and a book possessing such a convenient arrangement of matter can not fail of popularity with the student of medicine, while its evident fitness for service as a book of ready reference bespeaks for it a place upon the table every thoroughgoing practitioner.

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**THE OPIUM HABIT; ITS SUCCESSFUL TREATMENT BY THE AVENA SATIVA.** A paper read before the New York State Medical Society, February 9, 1882, with additions, giving a fuller description of the

therapeutic action of *avena* in different diseases, etc. By E. H. M. Sell, A.M., M.D., Fellow of the American Academy of Medicine and of the New York Academy of Medicine.

This essay treats of one of the most important and unfortunate of maladies. We trust that Dr. Sell's observations may be borne out by the clinical experience of the profession.

**THE TREATMENT OF THE VARIOUS FORMS OF ACNE.** By George H. Rohé, M.D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association; of the American Public Health Association, etc. Reprinted from the Medical Chronicle, May, 1883.

**HINTS ON THE TREATMENT OF SOME PARASITIC SKIN DISEASES.** By George H. Rohé, M.D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association, etc. Reprinted from the Medical Record, June 2, 1883.

**PEMPHIGUS AND THE DISEASES LIABLE TO BE MISTAKEN FOR IT.** By George H. Rohé, M.D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association, etc. From the Medical News, June 23, 1883.

These three pamphlets of Dr. Rohé are quite up to the average dermatological literature of the day, and will repay perusal.

**CATARRHAL HEADACHES AND ALLIED AFFECTIONS.** By Richard C. Brandeis, M.D., Professor of Laryngology, Rhinology, and Otology, New York Polyclinic. Reprinted from the Medical Record, April 21, 1883.

Like all the productions of Dr. Brandeis's pen, this brochure contains much matter of practical value.

**A BIOGRAPHICAL SKETCH OF HONORABLE CHARLES H. LARRABEE.** By Lyman C. Draper, LL. D., Secretary State Historical Society of Wisconsin.

**AMERICAN JOURNAL OF INSANITY.** Vol. 39, No. 4. April, 1883. Utica: N. Y., State Lunatic Asylum. John Wiley & Son, Astor Place.

**TRANSACTIONS OF THE NEW YORK ACADEMY OF MEDICINE, INSTITUTED 1847.** Second series, Vol. 3. Printed for the Academy. 1883.



## Correspondence.

### PARIS LETTER.

*Editors of Louisville Medical News:*

The number of blind persons has increased to such an extent in France that it has become a social question of vital importance as to how they are to be disposed of or provided for so that they shall not be allowed to burden either society or the state.

There are throughout the French territory twenty-eight thousand blind subjects, who are totally dependent on the public for their living. Of these, only about one thousand are provided for, and the remainder live by begging. Such a state of things should not be allowed to exist in any civilized country, and the French are only now beginning to see that they are far behind other nations in respect to the proper treatment of these unfortunate creatures.

I find, by a report recently published on the subject, that in Saxony, Denmark, and Holland, there are no necessitous blind to be seen. In England, articles manufactured by the blind bring in about 1,800,000 francs or £72,000 a year, and in America (United States) there are regular institutions for the blind, where they work and earn their livelihood to a certain extent. In France there was nothing of the kind until within a short time ago, when a philanthropist by the name of Lavanchy-Clarke founded several workshops for the blind. In addition to these, a society has been formed in Paris which has under its patronage a professional school where blind youths are apprenticed and taught to work at different trades. They do not live in the school; they go to it in the morning, work all day, and return home in the evening, but they have their mid-day meal at the school.

One can hardly imagine any thing more interesting and at the same time more instructive than to see them at work. They manufacture brushes, cane chairs, turn, do esparto work, make carpets, etc., and the precision with which they work would do credit even to those who have their sight. A branch of this institution has been established in the Bois de Boulogne, and is well worth a visit. Here may be seen daily, Sundays excepted, a number of blind persons at work at the different trades mentioned, and all under the superintendence of a foreman who is equally blind.

Cholera is raging frightfully in Egypt,

and has caused a panic in Europe; and the nations of the Continent are quite irate against the English, as the latter are accused of not only importing the malady from India, but of not adopting the measures approved of and accepted by the International Congress; the principal of these measures being the establishment of quarantines in all seaport towns during the prevalence of infectious diseases. In France all the powers are up in arms and are vying with one another to prevent an invasion, as they have learned by experience in other circumstances that "forewarned is to be forearmed." I do not say this offensively, but to their credit it must be admitted that they pay more attention to sanitation than they used to not very long ago, and the Municipal Congress of Paris spares no expense, not only in embellishing this city, but in improving in every possible way its sanitary condition. A discussion has just taken place in the Council concerning the measures to be adopted to ward off the cholera, and what should be done in the event of its invading the country. Among the measures proposed was the cremating of the bodies of persons who may die from cholera, and which they hoped would eventually be extended to all infectious diseases, but the Prefect of the Seine could not give his assent, as cremation had not yet become legal. He, however, has promised at the next session to lay the subject before the Chambers, with a strong recommendation that it should be sanctioned.

If laughing-gas has the advantage of producing anesthesia rapidly, it has the great drawback, when its use is prolonged, to produce gradual asphyxia. In mixing eighty-five parts of nitrous oxide with fifteen parts of oxygen, a perfectly safe mixture is obtained, but producing anesthesia only in proportion as the gas inhaled is under a pressure superior to that of the atmospheric air, as has been demonstrated on more than one occasion by Prof. Paul Bert. Dr. De Saint-Martin has succeeded in rendering this mixture effective at the ordinary pressure by adding six to seven grams of chloroform to each hectoliter. In trying the effects of this mixture on himself, Dr. De Saint-Martin had been able to convince himself that the anesthesia thus produced is very rapid, free from the power of exciting, and is unaccompanied by the irritating action which pure chloroform produces on the respiratory organs.

ALEX. BOGGS.



*Editors Louisville Medical News:*

Please state that persons wishing space to exhibit goods to the Tri-State Medical Society, in Indianapolis, Ind., on September 18th and 19th, should make application to the undersigned at Indianapolis, Ind.

FRANK C. FERGUSON.

*Editors Louisville Medical News:*

The article which appeared in a late issue of the NEWS, regarding prospective epidemic sickness in Louisville, will be read with much interest by the laity as well as the profession. The candor with which you admit former errors of judgment is certainly commendable.

The writer has never had any other opinion than that, based upon the law which governs the growth and propagation of fungi, disease poisons are similar and many of them identical with cryptogamous plants. They do not themselves produce a seed, but a thallus which produces seed; hence it is only necessary that discharges from patients—their clothing, perspiration, urine, etc.—remain undisturbed for a period of weeks with favorable temperature in order to produce or reproduce the diseases in question. This applies to cholera, which is a mycelium spawn, as well as yellow fever and malaria, and the whole group of zymotic diseases. Whenever and wherever these conditions favorable to the growth of mycelium are present, it matters not whether it be in Maine or Louisiana, in Louisville or Hickman, the disease will prevail and become epidemic. But if these microscopic fungi be destroyed by cleanliness, disinfection, or oxygenation, they die without producing seed—they die without issue. Hence, there is one, and only one solution of the vexed question of contagion, and that is based upon the law ordained in nature for the growth of acolyledonous plants, which are so far opposed to ordinary vegetation as to completely change the order of respiration by which the plant lives. These diseases are not indeed contagious in the sense that the patient while sick communicates them to the well by exhalation, but only by reason of want of proper care.

If the germs of cholera are landed upon our shores, they will not multiply or spread until they reach a nidus fit to propagate them. The great practical lesson which ought to be drawn from this knowledge and to be written on the walls is, *Clean up, clean often, and keep on cleaning.*

By the way, speaking of sanitary matters, pardon us for asking (not every one enjoys the privilege of keeping posted as an editor) the force of the word *sanitation*. We rather like the sound of the term; it seems to be an *omnium saltorum* of hygienic laws. We think it is a good word, although to us a new one. It ought to be in the dictionary. L.

[So thought we at the time of using the term, and after searching a number of dictionaries in vain, were at last rewarded by finding it in the supplements of Worcester's and Webster's new editions.]

## Selections.

A CASE OF MYXEDEMA, THE ETIOLOGY OF THE DISEASE.—(Dr. J. Oswald Lane, in the *Lancet*): There is no evidence of a neuro-pathic predisposition, neither does she know of any relatives who have been affected with a similar complaint. She has had six children, the last eight years ago, from which time she dates her present illness. She denies having been laid up with any previous illness, though for some time after each confinement she was accustomed to feel very weak and unable to do her work with her usual vigor. She had a particularly "bad time" at her last confinement, and has ever since suffered from weakness and debility. No syphilitic history: she remembers having been frightened before her last confinement, and has had a good deal of mental anxiety. She complains of having had a feeling of lassitude, weakness, and nervousness since the above-mentioned date; at times has noticed giddiness, noises in the head, sparks in front of her eyes, with a feeling of pressure on the vertex, disturbance of sleep, and loss of memory. Speech has become slower, with a pause between words. Walking slow and awkward; at times has fallen down. She has noticed the swelling of her face and hands only during the last six months, and she distinctly says that the nervous symptoms I have enumerated all preceded the latter. Has had sickness at times; has not passed much water.

Her condition was as follows: Her physiognomy on the first glance was that of a person suffering from renal dropsy. But on closer examination I found the edema to be of a different character, in that it did not pit on pressure. The parts of the face most affected were the eyelids, lips, cheeks, and



nose (the first two especially). The eyelids were pearly, semi-transparent, ridged, with drooping of the lower ones. The cheeks were puffy, so that the features were rounded into contour, with a circumscribed blush on both. The lips were pendulous, thick, and of a purplish tint. The nose was swollen, with dilated nostrils. The expression was stolid and sad, with a lack of mobility. The skin over the whole body was very dry and harsh; the patient said it had been "scaly at times." The hands were markedly swollen, so as to be of a "spade-like" appearance, and were clumsy, with a dilatation of the capillaries on the dorsal surface. The lower extremities were not swollen. The patient had lost much of her hair, while many of the teeth were decayed. She had a train of nervous symptoms, such as slowness of speech, which was deliberate, monotonous, of nasal tone, frequently swallowing before speaking. The patient's movements were slow, and her gait awkward, with a feeling of being about to fall. She complained of headache and giddiness, and her memory was decidedly faulty. There was diminution of tactile sensation, and the conduction of sensory impulses was markedly retarded. The muscles acted very feebly to faradization, and the reflexes were diminished, the patellar almost absent. She frequently feels chilly. There was no change in the thyroid glands. The heart sounds were normal, and not accentuated; no physical sign of hypertrophy. The lungs were normal. The urine was examined every time she attended, and I was unable to detect even the slightest trace of albumen, though numerous tests were used. The temperature varied between  $96^{\circ}$  and  $98^{\circ}$ . The pulse was usually about 54, always slow. The ophthalmoscopic appearances were natural. The only drugs administered were iron, quinine, and strychnia.

I have published this case, first, as the patient seems to present most typically the symptom of myxedema; secondly, on account of the improvement the patient underwent during the four months she was under my observation, since at the end of that time her speech, gait, intelligence, and other nervous symptoms were decidedly improved, while the characteristic swelling had not made further progress; and, thirdly, the case is interesting on account of the absence of even a trace of albuminuria, or the presence of any other sign of nephritic disease.

I wish now to make a few remarks as to what seems to me to be the probable etiolo-

gy of the disease. In several cases which I have seen there seems to me to be a striking resemblance in the symptoms of the disease to some of those frequently developed in some forms of lesion of the central nervous system, and my reasons for thinking so are that the characteristic nervous symptoms of the disease are particularly constant, and that they have become distinctly well-marked before any sign of edema has developed itself. In all the cases I have seen many nervous symptoms have been present, such as peculiar gait, slowness of speech, impaired sensation, subnormal reflexes, giddiness, impaired memory; furthermore, in three cases the disease has shown itself after some mental shock or anxiety; to this cause I would attribute the frequency of the disease in multiparæ, as a rapid succession of pregnancies combined with mental anxiety would probably lead to exhaustion of the system, and especially the nervous one; in addition, many of the symptoms which present themselves are much allied to some of those observed in disseminated sclerosis and locomotor ataxy. The slowness of pulse and lowness of temperature are additional factors in aid of this hypothesis.

ARTICULAR GANGLION.—There is still some difference of opinion as to the nature and mode of origin of the cystic tumors common on the wrist and ankle, usually known as ganglia. (The Lancet.) What evidence there is on the point not merely connects them with the synovial sheaths of tendons in many cases, but indicates that at any rate in some instances they are the result of hernial protrusions of the synovial lining of these sheaths through the fibrous covering. The original communication between the cyst and the sheath is usually early closed, but it may remain patent. It is, however, to another mode of origin of these synovial cystic tumors that we would call attention now—to those originating in hernial protrusions of articular synovial membranes. These have long been known to exist, but they have been studied more in France than in this country. They not only form a certain proportion of the ganglia common at the wrist and on the dorsum of the foot, but they occur in connection with other joints, and it is this fact which is apt to be overlooked. Such hernial protrusions, when attaining any size, form tumors over or in the near neighborhood of joints of varying depth; they have a narrow pedicle leading into the joint cavity, and upon



this fact depends their importance, for surgeons are tempted to remove or otherwise operate upon these apparently simple tumors, and, unless special precautions be taken, grave and even fatal results may follow from acute articular inflammation. Of the larger joints, these ganglia are more often connected with the knee than any other, then the elbow, and it is to be especially remembered that their pedicle may be very long as well as fine, and their connection with the joint any thing but apparent. Usually unilocular, M. Nicaise has recently recorded in the *Revue de Chirurgie* an instance of a multilocular articular ganglion on the outer side of the knee-joint. It was stated by Cloquet that they could always be recognized by the fact that the swelling was reducible into the joint by pressure. Such may be the case, and is of course a valuable sign, but occasionally the communication between the two is so imperfect that pressure of the cyst does not empty it: the case of M. Nicaise's, just alluded to, is one in point. The great practical point is to remember, when called upon to treat any cystic or circumscribed tumor about a joint, the existence of these tumors, and to treat all such as if they did communicate with the joint, even although there may be no distinct evidence of this before an operation. M. Nicaise removed the tumor in his case, and with complete success. There have been several instances in which such tumors have been excised inadvertently, and fatal arthritis has been set up.

A SUBLINGUAL SALIVARY CALCULUS OF GREAT SIZE REMOVED BY INCISION INTO THE GLAND is reported by Dr. George Mackern, in the *Lancet*: It is irregularly egg-shaped; very hard and shiny. The surface is rough, like morocco leather, but with bosses here and there. The stone measures an inch and one third in length, two thirds of an inch in width at its broadest part, and three eighths of an inch in thickness; it weighs eighty-two grains (five grams and a half). It can be scraped with knife, but is not soft or friable. On touching it with a strong nitric acid there is no effervescence, hence the surface at any rate does not consist of carbonate of lime; but the addition of the acid, however, brings out a strongly fetid odor. The chemical composition is not yet determined.

Dr. Mackern remarks: The diagnosis of cancer had been made by some other practitioners, but on careful examination it was

evident that the tumor could not be cancerous, for these reasons, (1) The utter absence of any thing like an infiltration of the surrounding tissues, the mucous membrane up to the very edge of the tumor being perfectly smooth and free; (2) the mobility of the tumor as a whole; (3) the long history of the case; (4) the fact that isolated cancer of the sublingual gland is unknown to occur, or is very rare. From ranula the tumor was easily distinguishable by its hardness, solidity, and general appearance and position. Some use was made of the presence of the swelling in the submaxillary region as an argument in favor of cancer, but from its extreme sensibility and its recent appearance I judged it to be inflammatory merely. On referring to the books at my command I find that the largest salivary calculus on record is figured in Bryant's Surgery, and that one weighed only forty-eight grains.

HEMOPHILIA.—At a meeting of the Academy of Medicine in Ireland, Dr. Wm. Moore President, Dr. Fraser read a paper mentioning some instances of serious bleeding following trifling injuries, and then described two cases of sudden death from sanguineous apoplexy occurring in individuals who had previously suffered from bleedings of the nose, lungs, etc.—Dr. Henry Kennedy related a fatal case of purpura in which the post-mortem examination revealed an extensive effusion of blood over the surface of the brain.—Dr. Cox referred to a gentleman the subject of hemorrhagic diathesis, in which a chill appeared to be invariably the exciting cause of the hemorrhage. In this case there was a well-marked family history of the diathesis.—The President mentioned a case of an old lady who suffered from a severe epistaxis, and shortly afterward became completely demented.—Dr. Fraser, in reply, said he introduced the first two cases merely to show that he was not overlooking the subject of hemorrhagic diathesis. In such cases the blood was almost water; but in the cases of the gentleman pointedly alluded to, he never saw better clotting blood. The hemorrhage in his case was not produced by a chill, but he appeared to form more blood than was required, and this was eliminated by nose, lungs, or kidney.

ECZEMA OF THE FACE.—In their work on the diagnosis and treatment of ocular affections, Messrs. Galezowski and Daguinet recommend, against the eczematous and impetiginous eruptions which often show



themselves on the lids and nose of young patients suffering from phlyctenular keratitis, either calomel in powder, or the following ointment:

Olei cadini, . . . . .	gr. iv;
Hydrarg. oxid. rubr., . . . . .	gr. ij;
Camphoræ, . . . . .	gr. iv;
Vaselini, . . . . .	gr. clx.

However, when there are many scabs, the best treatment consists in removing them with a forceps, and touching the denuded surface with a stick of nitrate of silver. The excess of caustic can be neutralized by the application of a solution of common salt.

**THE VARIETIES OF ANGINA PECTORIS.**—Under the name angina pectoris many writers have grouped together symptoms differing from one another as widely in their causation as they do in gravity. (Medical Times and Gazette.) It is of great importance to have clear views as to the different forms of angina pectoris. According to M. Henri Huchard (*Revue de Médecine*), there is but one form of true angina pectoris, viz., that dependent upon cardiac ischemia. This may be organic or functional. The former is produced by narrowing or obliteration of coronary arteries; and the author quotes thirty fatal cases of this disease in which one or other of these conditions was found on autopsy. This form of the disease is of grave prognosis, and, indeed, generally proves fatal, in this respect forming a striking contrast to all the other varieties. The existence of functional ischemia of the heart is not, of course, susceptible of such definite proof as in the case of the organic variety, but there is ample evidence, both clinical and physiological, that tobacco is capable of inducing this state of the heart. The symptoms which it may give rise to are so well known that it is unnecessary for us to do more than enumerate them. They are, diminished frequency of the pulse, palpitations, irregularity of the heart's action, fainting, and a feeling of precordial distress which may go on to a typical attack of angina pectoris. Spurious angina pectoris is also of two kinds, the one including all cases of nervous or arthritic origin, the other cases of gastric origin associated with dilatation of the heart. The points which distinguish these spurious cases from the true forms are that the attacks do not supervene with certainty on any one given cause, such, for instance, as any form of violent exercise; that the attacks when they do occur are not so severe and do not last so long as in the

true disease; and that in this last or gastric form the attacks are especially prone to come on after a meal. The spurious cases never prove fatal.

**A TEST FOR IODINE IN THE SYSTEM.**—Let the patient spit on a strip of white paper and then spread some calomel over it, or sprinkle calomel on any sore he may have. If there is any iodine in the system, the calomel turns a bright yellow. In the *Med. Neuigkeiten* Dr. Stark recommends this as a test of observance of directions, when you have ordered a patient to take iodine.—*Med. and Surg. Reporter*.

[We have often seen, in the administration of the moist mercurial vapor bath to patients who were taking iodide of potassium, the calomel vapor deposited on the skin turned to a deep yellow.]

**THE ACTION OF ALKALIES ON BILE.**—Some researches have been made recently by Lewaschew and Klikowitsch on the subject of the influence of alkaline agencies on the composition of the bile. (*Centralblatt für Klin. Med.*). The experiments were made on dogs with permanent fistulæ leading to the gall-bladder. No canula was used, however. For twenty-four hours previous to the beginning of the experiment neither food nor drink was administered. It was found that artificial and natural mineral waters had a similar action on the secretion of bile. For some time after the administration of the alkaline waters the quantity of bile flowing from the fistula was diminished. This effect was probably due to the increased flow of bile into the intestines. After this initial period the flow from the gall-bladder became more than the normal. The normal amount had been previously measured. Artificial waters exercised the same influence on the quality of the bile as the natural waters; but different results were obtained with waters of different degrees of concentration. Thus, carbonate of sodium had a more rapid, powerful, and lasting influence on the composition of the bile than sulphate of sodium (Glauber's salts). Solutions of weak strength were more powerful than those of higher concentration. Hence, those mineral waters whose *principal* constituent was carbonate of sodium had the greatest influence on the composition of the bile, especially when the carbonate was *not* present in a high degree of concentration. The higher the temperature of the fluids ingested, the earlier and more marked were the effects.



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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SATURDAY, AUGUST 18, 1883.

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## Original.

### CHOLERA: ITS HABITS AND PECULIARITIES.

BY T. S. BELL, M.D.

*Professor of State Medicine and Sanitary Science in the  
University of Louisville.*

I have endeavored to impress upon the minds of the reader the great philosophic truths uttered, in 1848, in the British and Foreign Medical Review. At no time, by no one, has a purer truth been announced. Let it be repeated and reiterated until it forms "the weft and the woof" of every mind. These truths thus begin: "The true philosophy of medicine is the knowledge of the causes of disease, or, if these causes be too subtle and refined for our gross senses, it is the knowledge of the several conditions external or internal to the body which give those causes power. In the future history of medicine we shall see men returning to the principles promulgated by its earliest founders. They will perceive that the treatment of the fully formed disease is at the same time the most difficult and the least useful part of this noble profession. They will learn to arrest the evil at the fountain-head, and not to dam the current swollen by a thousand tributaries. . . . It will not be the least triumph of this philosophy that it has indicated the true mode in which the great epidemic of our time can be most easily and most effectually controlled. It bars out the disease, not with quarantines and cordon sanitaires, but with cleanly people and uncontaminated air. *The evil which springs from the bosom of nature only needs for its removal an observance of the rules which nature herself reveals.*" These truths should be deeply burned into the mind of every one who has any care for his health. I would that they could be so imbedded

that they would be ineffaceable; that time itself should not let them grow dim.

Hippocrates was once summoned to Abydos, in Asia Minor, near the place where Xerxes crossed the Hellespont, to redeem the place from the annual ravages of intermittent fever. He viewed that as a natural disease, not to be effectively overcome with medicine. He surveyed the condition of the city, discovered wherein the sickly portion was unlike the healthy parts, and resolved "to arrest the evil at the fountain-head, and not to dam the current swollen by a thousand tributaries." He accordingly caused that portion of the city that abounded in swamps to be drained and filled up with earth, thereby stopping the decomposition of damp vegetable material, and securing uninterrupted exemption of that quarter of the city from intermittent fever from that time down to the present day. Herein he consulted nature, learning from her that it was only necessary to make the fever quarter like those parts that were free from fever in order to give it immunity. That which Hippocrates did successfully for Abydos can be done as perfectly for any place infected with cholera.

I promised to resume the consideration of "the law of latency" as an integral part of this question. Let us learn the alphabet of this law of latency from intermittent fever. There is a daily form which usually commences about eleven o'clock in the morning and terminates in a profuse perspiration in the afternoon. From that time until the next paroxysm the patient is usually well, until about eleven o'clock the next day, when his attack comes on again. In the third-day form the paroxysms come every other day. In the interval the patient is well. During this interval the poison is latent. This is an elementary form of the law. There is another feature of it that is very curious, but this curious feature is perfectly



regular in its obedience to a numerical phase. A patient, by taking some of the salts of Peruvian bark, has his chills "broken," as the process is called. But in many cases, without a single imprudence in diet or conduct, on the fourteenth, twenty-first, or twenty-eighth day, the patient is again attacked. The relapse always comes back on a multiple of seven, no matter how long the interval may be. Again, after intermittent fever is checked in a locality by frost, which destroys the poison, many persons who were residing in the locality where the poison was rife, will be attacked with the form of malady that prevailed while the poison was active. Many of these persons are attacked one, two, or three months after the poison ceased external to their bodies. But strangers to the locality, who have moved into it after the poison ceased its active career, escape until the poison is again manufactured. Now these strangers would be more liable to attack than the natives if the poison were there, a fact first remarked by Dr. William Charles Wells, of Charleston, South Carolina, the author of the first philosophical treatise on Dew that ever appeared in the English language. Professor Elisha Bartlett, that renowned medical and classical scholar, once delighted the people of Louisville, Ky., by a lecture he delivered in the University of Louisville, devoted to the life and character of Dr. Wells, in which were fully portrayed the great merits of the essay on Dew.

But let us survey, in order to have before us the reality of this "law of latency," as an ingredient of this poison, the celebrated Walcheren expedition. In 1809, while William Pitt was Prime Minister of England, an armament of imposing force, one of the finest that England had ever sent from her coast, was ordered to Walcheren for the purpose of bombarding Flushing, then held by the French. The army was landed on two Dutch islands, Walcheren and Beveland. Very soon after the army took up its encampment sickness began to rage, and it was so severe and so fatal that this splendid expedition was speedily disorganized. The Earl of Chatham, the elder brother of the Prime Minister, but who had scarcely any sense, was commander of the expedition. He saw that there was no sickness on the vessels anchored a short distance from the shore, but had not enough intelligence to place his army back on board the vessels. The sickness was dysentery and pernicious remittent fever. The

army was kept on the islands until it was ruined. The remnant was then ordered back to England. A great many of the soldiers seemed to have escaped the disasters that had caused the death of many of their comrades. To all appearance they were well, and were dismissed from the service. They were scattered over England, Wales, Scotland, and Ireland. They continued to die; scarcely one of them escaped death. No matter how well they seemed to be when attacked, they speedily collapsed and died after short attacks. Nearly every prominent physician of England, Wales, Scotland, and Ireland attended these cases, in many instances one year after the army returned from the expedition. The disease was so very severe and so fatal that medical men named it the Walcheren disease. It appeared in no one who had not been a member of that expedition. The thing that puzzled the medical men of Great Britain was, that many of these cases occurred in some of the healthiest districts of the country, and hundreds of the victims seemed to be in possession of good health up to the moment of seizure. But they died just as the men died at Walcheren. A great number of examinations after death were made in Great Britain, and I have read the reports with deep interest. I do not remember a single case in which the statement was not made that "the livers and spleens resembled bags of soot." What I wish to impress upon the reader is, that this disease was acquired at Walcheren; that the persons when disbanded seemed to be in good health; that through varying periods, from a month or two months up to one year, and over that period, they continued to be attacked, and scarcely one of the whole number failed to die. This is one of the most striking exemplifications of the law of latency that I know of, because of the magnitude of the scale on which it was displayed. The officers of this expedition escaped, because they rented houses on the islands and slept up-stairs. The soldiers were in tents and slept near the ground.

Another feature of this "law of latency" which I wish to rivet in the memory is, that having acquired the poison in Walcheren, no matter how long an interval elapsed, they died just as those attacked on the island died. Another truth should be enforced here: If these soldiers, instead of being disbanded, had been placed under the influence of the salts of Peruvian bark until the "latent poison" was removed,



scarcely one, if one even, would have died of the "Walcheren fever." Elliottson mentions a curious case in his lectures on Practice that shows the triumphant results of the sulphate of quinine. He was the greatest master of the subject that England ever possessed. His work is a treasure on this subject as well as upon many others.

The question naturally rises now, Is this "law of latency" a feature of cholera? I answer, that there is no disease in which it is more conspicuous, nor is there one in which it is more necessary to remember it. It is not very essential to remember it in intermittent fever, because we may usually save the lives of those patients, but we may save them a large amount of suffering by being prompt in our remembrances. But it is widely different in cholera. When we know that a person has slept at night, near the ground, at a place where cholera was developed, we can not be too much on the alert. By being true to duty we may save many lives. It is too late to begin after "latency" has commenced activity. The salts of Peruvian bark might as well be thrown away as given in that case. I have known too many instances of this to be mistaken about it. Hence the necessity that in cholera management a medical man should have what the Anglo-Saxons very expressively called it, his wits about him. If he does not, he will not only lose those who are attacked, which he is bound to do, but he will have the humiliation, and it should be a festering chagrin, of losing those who could have been saved if he had recognized and performed his duty. I have received letters from the alumni of the University Medical School, who were practicing in the mountain portions of Tennessee, detailing cases of latency in cholera among those who fled from portions of Tennessee desolated by cholera, who congratulated themselves upon their safe arrival in a haven of refuge, to wake up some night, three or four weeks after, in the throes of death with the disease from which they had fled. No one had it but those who had slept at night in the locality of the destroyer; and although they ran away from the locality of the scourge, they died with this special, specific disease. There is scarcely an instance of a cholera endemic any where that has not furnished cases of this kind.

A very expressive set of cases of this "latency" in cholera I shall now detail. I have often published them; they can not easily be too well known nor too vividly

remembered. In December, 1849, a cholera epidemic during very hot weather, the thermometer reaching  $84^{\circ}$ , ravaged New Orleans. The isothermal line reached Memphis. Major Dix, a paymaster of the United States, after spending about a week in Louisville, went to Memphis to pay off some claims of the navy-yard. After getting through his business he returned to Louisville, where the ground was covered with snow. He spent some eight or ten days here with his health unimpaired. He took passage on the mail boat for Cincinnati with two persons unknown to him, who with him took the Wheeling packet at Cincinnati. They reached Wheeling and engaged seats in the stage, which left next morning for Pennsylvania and Washington City. All that region of country was locked in the fetters of winter, and the earth was covered with snow. Very soon after the stage left Wheeling, without any warning, it was discovered that Major Dix was collapsed with cholera, and of course dying. The stage stopped at a farm-house at the roadside, the inmates of which humanely took charge of him and nursed him until he died. The stage continued its course toward Brownsville, where it changed horses. Before reaching that place another passenger collapsed, and he was put off at the tavern, where he died. He had been at New Orleans during the endemic. A third passenger who had been exposed to the cause yet remained. He continued his journey to his home at Youngstown, where he was attacked, and died as Major Dix and the patient at Brownsville died. When the stage left Wheeling there were over twenty passengers in it and on it. The three cases mentioned were the only ones, in a region embracing five hundred square miles, who showed any signs of this disease. They had been where the cause was in operation, had imbibed it and carried it in a latent form until it assumed activity. At that time we were receiving in Louisville cases from boats from New Orleans and Memphis, from fifteen to twenty-five at a time; they were taken to their homes, to the houses of their relatives, or to the city hospital, and Louisville remained in thorough health. Prof. Bayless corroborated these statements before the College of Physicians and Surgeons, stating that he opened the bodies of many of these victims to obtain specimens of pathological anatomy, from which no evil was derived.

I hope that I have thus made clear the



fact that latency is an ingredient of this cause as clear and indisputable as that it can not rise from the ground to the second and third stories of houses. I shall hereafter have use for these material facts in the cause of cholera.

I promised to speak of Dr. Shapter's successful labors in changing the condition of Exeter after the great outbreak of cholera in that city in 1832. I did not see any reference to his efforts until a few years ago, many years after successful efforts had been pursued here. Dr. Shapter sent me a copy of his book, containing a map of Exeter properly marked for the ravages of Cholera in 1832, 1833, and 1834. Those who may read it may, in some parts of it, occasionally imagine that they are reading records of the medieval ages in the contests with sweating sickness, black death, and pestilences with uncouth names. With a praiseworthy determination to meet cholera with some show of resistance, Exeter, in obedience to the senseless "Orders in Council," resorted to fumigations, the use of chloride of lime, the utter destruction of the clothes of those who died with the disease, and the incasement of the bodies of the dead in cotton or linen, I do not know which they preferred, saturated with pitch or coal-tar. This proved to be a great nuisance to other inmates of the dwellings, and it was abandoned. But, as a substitute for this abomination, orders were given "to light fires with tar and tar-barrels broken to pieces in the most confined parts of the city, in order to purify the air during the present diseased state of the city." Vinegar was freely burned, and chloride of lime was injudiciously used. "Nearly eight hundred weight was distributed by the Board of Health, besides what was purchased by private individuals." We do not hear that any of the town officers were directed by these "Orders in Council" to stand in the streets after sunset and "bay the moon" to keep down the dogs of cholera. This order would have been as wise as the courses that were directed, and it would have been more tolerable than the practices pursued, and equally efficient. But a brighter day was dawning for this pandemonium of folly. Dr. Shapter had nothing to do with these eccentricities. He saw the local condition of the parts of Exeter afflicted, and determined to make a change in that condition. His great efforts were to improve the quality and quantity of the water-supply, to change the drainage of

water, to create proper sewerage and keep it in active work. The good effects of this enlightened method were speedily manifested.

There were in 1832, from July 19th to the 19th of October, 402 deaths from cholera, and 142 from other causes. In 1833 the deaths from cholera amounted to 20; in 1834, to 47. To Dr. Shapter is mainly due this great and beneficent change. The result at Exeter is that which has universally occurred every where in controlling and extirpating this terrible disease. Many hundreds of places once scourged with it, by a change in the local condition, have never known it since.

I close this article with this great, this immortal truth: That which has caused one attack of cholera has caused each case of it since the first one occurred. In her wide, her diversified domain, nature has never made two causes to produce one effect. A specific effect always has a specific cause.

It is our imperative duty to carefully, faithfully, and diligently search with all the powers with which nature has gifted us for each cause. Well and truly did the Roman poet say, "Happy is he who knows the cause of things." The intermittent and remittent fevers at Louisville are produced in Louisville. India has no more agency in their production than if she did not exist; nor does Louisville have any thing to do with the production of intermittent or remittent fevers in India. Nor does Hindostan any more have the shadow of an agency in producing cholera in Louisville than Louisville has in creating the disease in Hindostan. In each country in which it appears it is a home production. It is exclusively due to the conjunction of solar temperature, of moisture, and vegetable decompositions in certain proportions, that the cause of intermittent and remittent fever and cholera is produced, and this conjunction of these three elements, in any part of the earth, will produce these diseases; and they are produced on the spot where the conjunction occurs, without any reference to any other part of the world. Neither solar heat, nor moisture, nor vegetable decompositions are constant in this conjunction, hence the variability in the production of the effects.

There is a fixed fact in science: There is not a plant, however humble its size, nor a tree, no matter how grand and majestic, that does not owe all it possesses to the sun.



Each plant has allotted to it a certain, a definite amount of solar temperature, without which it can not reach the perfection that belongs to it. Without that amount of solar heat, it is cut short in its career toward perfection. There are large areas of territory in which the date-tree never ripens its fruit; there are other large regions in which the people find their sustenance in the fruit of the date-palm. This is the scientific truth respecting every plant that grows. Asia is a region where the magnitude of solar heat, of vegetable material, and of moisture abounds. Hence it presents instances of epidemic diseases that do not abound in other regions of the earth. India does not regulate the solar heat, vegetable decomposition and moisture of Kentucky, any more than Kentucky creates and regulates those elements for India. Each possesses the local conditions of these elements, and when they reach a certain conjunction, either in India or in Kentucky, disease is the result, be it intermittent or remittent fever, dysentery, cholera, or yellow fever. This local condition and its results I shall demonstrate in the next number of this series.

### Miscellany.

SOME MISPRINTS.—In our issue of last week may be found two typographical errors, as follows: On page 85, in an article called "An Example for Physiologists," *opinions* should be read for *operations*; and on page 88, under the heading "A Way to Get on," *monograph* should take the place of *monogram*. The first error is inexcusable; but since we were equally to blame with the printer and proof-reader for not seeing it in time, the punishment prescribed for the offense was light. The second was in the original copy, and might perhaps be defended on the ground that there is as much warrant for the use of monogram, as applied to a single article or writing, as there is for the word telegram, which is used in a similar sense. Conventionality and common usage only have made the distinction, since the Greek words *gramma* (γραμμα) and *graphe* (γραφη) may stand with equal significance and propriety as descriptive of a writing or writings (scriptures) as of a written work or book.

"Forgiveness to the injured does belong;  
But they ne'er pardon who have done the wrong."

THE TREATMENT OF CHLOROSIS BY BLOOD-LETTING. — The editor of the British Medical Journal declines a paper written by one Dr. Dyes, in support of this astonishing measure, with the following pertinent comments: If there is one fact certain in medicine, it is this, that iron given in sufficient doses will rapidly ameliorate many cases of chlorosis. Naturally enough a disease such as this, which is a resultant of many conditions, will require a careful adaptation of means to the particular case in hand; but that a large number are rapidly relieved by iron, none with adequate experience can dispute. It is one of the unfortunate results of the competition of the present day, of the inevitable pitting of man against man, that every one of us is trying to say something that no one else has said before him. Success in the struggle is not easy; the dishes served up by us are mostly *entrées*, old friends in new and unsubstantial dresses, but we are compelled to admit that Dr. Dyes has accomplished it in saying that the blood of the chlorotic is thick and dark colored, and that bleeding will remove these abnormalities. It has been said before, and the statement applies here, that what is new is not true. That what is true is not new is often made part of the proverb, but this does not apply so well, for if facts depend upon the teachings of experience, there are none. Dr. Dyes does not think that simple loss of blood can ever produce anemia, because he has never seen it do so. He should have waited before writing upon the subject until a riper experience came to him.

DEATH FROM EPILEPSY AND CHLOROFORM. The British Medical Journal notes the following: A man, at Liverpool, named Meredith, while engaged in a drunken quarrel fell and broke his thigh. The injured limb was set in due course, but did not remain in the socket, and some time after, Mr. Bell, of New Brighton, with another medical man, administered chloroform to him for the purpose of resetting it. During the operation, and while Meredith was under the influence of chloroform, he was seized with an epileptic fit, and died in a few minutes. The deceased had been a heavy drinker.

REV. Mr. Beecher, in referring to his trip to Europe, says he agrees with Dr. Thomson, who said, when he came on deck, that the ocean looked like one vast dose of ipecac.—*Weekly Drug News*.



CONSERVATIVE SURGERY A HUNDRED YEARS AGO.—From an address on surgery delivered before the British Med. Association, by Reginald Harrison, F.R.C.S., we extract the following: Henry Park was surgeon to the Royal Infirmary from 1767 to 1798. I can not do better than quote a passage which our local historian, Sir James Picton, has selected (*Edinburgh Review*, October, 1872), as paying a deserved tribute to his memory: "In the latter portion of the last century, when a vigorous flash of originality seemed to light up the annals of surgery, Park, of the Liverpool Infirmary, may be said to have accomplished the first act of conservative surgery. His patient being a sailor, to whom the loss of a foot and leg would have been tantamount to the loss of his means of getting bread, determined him to make the experiment of simply excising the diseased part, the knee-joint, and retaining the foot and leg. This he did so successfully that, to use his own words, the patient some years after the operation made several voyages to sea, in which he was able to go aloft with considerable agility, and to perform all the duties of a seaman; that he was twice shipwrecked, and suffered great hardship without feeling any further complaint in that limb. This was a crucial test of success that should have stamped the operation as one of the greatest surgical triumphs of the time; but, like so many other great strides taken in that age of extreme vivication, it was in advance of its fellows, and was destined to be arrested for the better part of another half century."

OPERATION FOR RELIEF OF PROSTATIC ENLARGEMENT.—Enlargement of the prostate is especially interesting to us in relation to its earliest and to its most advanced forms. If we take the obstructive disorders of the urinary apparatus, and inquire what feature of them is most detrimental to the associated parts, the answer will be, the misdirection of the muscular force that is thereby entailed. How can we explain the structural alterations which take place behind the obstructed point, and which manifest themselves in different ways, except as the results of urinary retention and retrograding pressure? How frequently do we find, in cases of stricture or enlarged prostate, that the whole of the apparatus behind the primary constriction consists of little else than dilated saccules and tubes. Is not this distinct evidence of back-pressure going on, though it may be imperceptible,

from the moment that impediment arises to the escape of urine from the bladder? The more we study animal mechanics, either in their physiological or pathological application, the more can we appreciate the truism that force is never lost. If it is not permitted to act for good, it must be productive of evil; if it is not exerted toward the legitimate fulfillment of a normal act, it must inevitably exercise a corresponding pressure in an abnormal direction. Whenever I see in the post-mortem room an ordinary specimen of dilated kidney, tortuous ureter, or sacculated bladder, associated with an enlarged prostate, or a stricture, the expression "misdirected force" almost involuntarily escapes from me.

Such considerations have led me to believe that our treatment of prostatic stricture—or by whatever name we know it—commences, as a rule, far too late; we delay until the bladder shows, by the formation of a pouch, or a saccule, behind the prostate, the first bad influence of back-pressure before we seek to rectify it.

I have endeavored to prove how much good may be done by the adoption of judicious mechanical treatment on the appearance of indications that the prostate is commencing to obstruct micturition, and I have founded my suggestion upon a condition which may be seen illustrated in any museum, namely, one in which, though the gland has become large, obstruction has not been known to occur. An extended adoption of this practice has convinced me that the pressing symptoms connected with an enlarging prostate may be kept in abeyance by the timely employment of those principles of treatment which are generally recognized as being applicable to any tubes within the body which are threatened with occlusion and are within our reach.

In the more advanced forms of prostatic enlargement, where the bladder has been converted into a receptacle little better than a chronic abscess in which urine stagnates, surgery has done much to afford relief.

When the comfort that catheterism is capable of affording has ceased to be effectual, other plans of establishing a drain for the urine are at our disposal. I shall not discuss the various means of effecting this; let me, however, say a few words in reference to two which have more recently come under notice: these are, first, incision into the bladder from the perineum; secondly, paracentesis through the enlarged gland.

For the purpose of securing a more or



less permanent channel for the escape of urine from the bladder other than by the urethra, I must admit that, following the practice of Syme, and to some extent of Edward Cock, I have a decided preference for an incision through the perineum, on the two-fold ground of safety and comfort. We have had numerous examples of the great benefit that cystotomy is capable of affording for bladder affections dependent on a large prostate—none perhaps more striking than the case narrated by Mr. Lund, on the memorable occasion of the meeting in London of the International Medical Congress. . . . I here submit to your notice a method of puncturing the bladder through the enlarged prostate which has afforded gratifying results. It consists in passing the trocar through the gland, and retaining it in the perineum, so as to afford a permanent as well as a convenient drain for the urine. I should have had more diffidence in commending this operation to your notice had it not received the approval of our distinguished associate, Professor Gross, whose contributions to the surgery of the urinary organs are held in deservedly high repute on both sides of the Atlantic.

Though the primary object of cystotomy, as usually practiced, is merely to place the bladder at rest by providing a continuous drain for the urine as well as the products of cystitis, it occurred to me, as it had already done to others, that it would be possible to extend this proceeding, with the view of removing those barriers to micturition which the hypertrophied gland so frequently presents.

It was to meet conditions such as these that Mercier introduced and practiced division of the prostatic bar by means of a cutting instrument introduced along the urethra. This plan, though admirable in its conception, was open to the objection that in its execution it was necessarily uncertain, there being no means of surely ascertaining that the section was confined to the obstruction to be removed. On carefully considering the position of matters, as well as the proposals that had been made, it appeared to me more reasonable to attempt to divide the prostatic obstruction at the neck of the bladder, from an opening made into the membranous urethra, than by means of instruments which had to traverse the whole length of the canal. I have recently brought under notice a case (*British Medical Journal*, June 9th, 1883,) in which I thought it desirable to explore the pros-

tatic urethra from an opening made in the perineum, and through which I was enabled to divide with precision a prostatic barrier. The division of this portion of the gland was followed by complete restoration of the power of micturition, and has so far proved of permanent advantage.

The proceeding which I have thus put into practice seems first to have suggested itself to Mr. Guthrie, but I can not find that he ever employed it. That it is not identical with the somewhat extensive incision of the prostate as for lateral lithotomy, which was practiced by Sir William Blizard, is at once obvious. Its aim is to divide the obstruction—and the obstruction alone—by an opening so planned as not to expose the patient to undue risk; while, at the same time, it is capable of affording the greatest amount of room for manipulation by an extension of the incision, should this be found to be necessary.

I need hardly observe that a proceeding of this kind should be undertaken before the bladder has passed into a condition of confirmed and irremediable atrophy; otherwise, though we may succeed in removing an obstacle to the introduction of the catheter, our prospect of restoring the power of micturition will be as hopeless as it has proved to be under somewhat similar circumstances where the operation of lithotomy has been undertaken.

It is impossible to avoid the conclusion, from their examination after death, that many atonied bladders might have been prevented becoming so by the timely removal of the obstruction by which a condition of a permanent paralysis was induced and maintained.

The operative treatment of the enlarged prostate, when it obstructs micturition to a degree that can not be met by judicious catheterism, is yet, I believe, open to considerable improvement.

Though the literature relating to either complete or partial excision of the prostate is very limited, there is much in it of promise. In one case, where I extirpated the whole gland for malignant disease, the benefit that followed far exceeded my expectations. It was that of a middle-aged man, who, by reason of a carcinomatous prostate, was threatened with a speedy and painful death. I cut down upon the gland in the median line, and succeeded in enucleating it tolerably cleanly with my finger. I saw this patient eight months afterward in very fair health, and quite able to go about his



business. So far he has enjoyed an immunity from the symptoms which induced me to perform this operation, and though his disease is a malignant one, we have every reason to be content with the results obtained.

Then we have numerous examples where considerable masses of the prostate have been removed with very great advantage in the course of operations on the bladder. Among these I would specially mention an important case by Mr. Bickersteth (*Trans. Royal Med. Chir. Society*, 1882,) and, more recently, another by Dr. John Ashhurst, of Philadelphia, in which the whole of an enlarged third lobe was successfully removed.

Cases such as these seem to favor the hope that operative surgery will be found capable of affording more relief to exceptional instances of this kind, and of extending to the large prostate the treatment which in some degree is applicable to other deep-seated growths.—*Ibid.*

A COMPLIMENT TO AMERICAN SURGEONS. While the surgical mind was, to some extent, in doubt as to the limits to which the crushing operation of stone might safely be pushed, two important communications followed rapidly upon each other. That both of them should have emanated from America merely indicates that the desire to advance the art of surgery is not limited to the old country, but is a natural outcome of advancing civilization and humanity.

The first of these papers was by Dr. Otis, of New York, who demonstrated beyond all reasonable doubt, and in a manner which had not previously been attempted, that the male urethra was capable of safely receiving far larger instruments than were generally employed. Following upon this, and probably influencing the views of the author, came Dr. Bigelow's paper on the removal of stone from the bladder by crushing and withdrawing it at a single operation; the latter communication clearly showing that the bladder was tolerant of much more prolonged manipulation than had previously been believed.

It appears to me that the originality of Bigelow in no way detracted from the importance of the work that had previously been done in this country and elsewhere, or compromised the acumen of those who were most interested in the progress of this department of surgery.

That Bigelow's method of procedure is a great step in advance—that it has extended

the limits of lithotrity and curtailed those of lithotomy—there can not be the least doubt. But to suppose that it is capable of universal application, or ever likely to be so, is as unreasonable as to suppose that the art of surgery in no way differs from the art of administering Holloway's pills. But does the lithotrity of to-day represent the finality of its perfection? I trow not. When we consider what chemistry, electricity, and other agencies are doing—how physical force is in many directions being supplanted by other means—can we doubt that there are yet improvements in store in the methods of effecting the destruction of concretions within the body? Nay, are there not already significant indications that such improvements are nigh at hand? Is it likely that the fruit of the labors of Garrod, of William Roberts, of Ord, of Vandyke Carter, and others has been already gathered? May not a more perfect knowledge of the physical and physiological laws which regulate the production of concretions in the human body result in enabling us not only most surely to prevent them, but to destroy them? *Ibid.*

THE INFLUENCE OF SOCIAL POSITION ON THE DEATH-RATE.—The report of the Registrar-General for Ireland includes a table showing, in five general classes and eighteen groups, the occupations or social position of the persons whose deaths are registered weekly in the Dublin Registration District, the annual death-rate represented by the deaths registered, the number of deaths at each of six periods of life, and the number from each of the principal causes of death. This table has already supplied some suggestive and instructive information. Thus, the second quarterly return for 1883 shows that in the thirteen weeks ending June 30, 1883, the number of deaths registered in the Dublin Registration District (the total area of which is 24,710 statute acres, and the population of which, estimated to the middle of this year, is 349,685) amounted to 2,674—1,294 males, and 1,380 females—affording an annual ratio of 1 in 32.7, or 30.6 in every 1000 of the estimated population. The deaths in families of the "professional and independent class" were equal to an annual rate of 24.3 per 1000 of the persons in that class; in the "middle class" the death-rate was 26.8 per 1000; among the "artisan class and petty shop-keepers," it was 23.6; and in the "general service class"



and the "inmates of workhouses" combined, it was 38.6. Among the last division, "inmates of workhouses" taken separately, the rate was as high as 43.6 per 1000 per annum; whereas, among the subdivision of the professional and independent class entitled "persons of rank and property not otherwise described" (numbering 19,030), the death-rate was only 18.5.

THE MINERAL WATERS.—When one day there comes to be written, from the standpoint of modern science, a history of human superstition, those chapters of the work which deal with belief in the various virtues from time to time accredited to waters, either of miraculous or of natural origin, will assuredly not be either the shortest or the least interesting. No one who has visited one of the springs which occur in almost every rocky range from the Grampian to the Pyrenees, and which a ready faith invests with supernatural curative power, can see much reason to expect that such belief will suffer measurable diminution for many generations. With the mineral spring proper the case is different; and while it seems long to look back to the time when the temples to Esculapius were erected near to such sources, and while it is true that even today much mysticism is allowed to surround the subject, the chemist of the age is in a position to assert that the curative action of any given mineral water is a result of the combined therapeutic action of the sum of its constituents.—*Medical Press*.

AWAY WITH THE SPOON.—A contemporary proposes to get rid of the use of "spoonfuls" as doses by the following expedient: "Let each bottle (vial) be provided with a strip of paper pasted on, which strip is accurately divided with as many lines (marks) as the bottle contains doses to be taken, the lines to be numbered, beginning with the topmost, and let the directions read: Take one eighth (fourth, twelfth, etc.) part, as the direction shall run, or, perhaps better, take one division, etc. The strip to reach from the bottom of the bottle (vial) to the top of the liquid, not farther."—*Medical Record*.

FOREIGN CHARLATANS.—We are acquainted here in France, says the *Gazette Hebdomadaire*, with the American quack high in color, loud in voice, noisy and impudent; with the Spanish charlatan, mystic, somber, the crucifix in hand, always ready in prayer;

with the paternal Dutch imposter, writing his consultations with a flask of urine in hand, as in the famous "Dropsical Woman" of Gerard Dow. But the German charlatan is of a different species; he is surrounded with electric piles and apparatus; he is a professor of occult physical science, who cures with the same spark pulmonary tuberculosis and cerebral debility. He is a professor, a distinguished lecturer, the apostle of a newly-discovered art. The Medical Society of Leipsic are about to take measures against two such individuals, one an ex-carpet-worker, now director of an electrotherapeutic establishment, and another, Hindorf, a professor of natural medicine.—*Medical Press*.

DR. REGINALD SOUTHEY has been appointed Commissioner in Lunacy, in place of Dr. Robert Nairne, resigned, and has therefore, in due course, resigned his appointment of physician to St. Bartholomew's Hospital.—*British Medical Journal*.

[A better appointment could not have been made. Dr. Southey is one of London's best medical men.]

DR. JOHN S. BILLINGS has declined the offer of the Professorship of Hygiene in the Johns Hopkins University. The Medical News gives as his reason that it is impossible for him to hold this place while he is an officer of the army, and that he prefers to retain the latter position and to continue his library and indexing work, for the present at all events.

TESTAMENTARY CAPACITY.—There is something both contemptible and frightful in the sort of evidence on which, of late years, any person can be judicially declared unfit for the management of his affairs; and after his death his disposal of his property can be set aside if there is enough of it to pay the expenses of litigation—which are charged on the property itself.—*John Stuart Mill*.

PASTEUR, at the head of a commission for the investigation of cholera, is about to start for Egypt. The following gentlemen accompany him: MM. Roux and Thuillier of Pasteur's Laboratory, Strauss, of the Faculté de Medicine, and Nolaco.

THE Progrés Médical, of July 28th, announces the death, in Florence, of Pacini, the discoverer of the corpuscle which bears his name. He was born in 1812.



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## AMERICAN MEDICAL COLLEGE ASSOCIATION.

It seems to be a prevalent opinion with the medical press that the American Medical College Association is no more, as may be seen by articles like the following, which we quote from the Weekly Medical Review:

The Southern Practitioner reports the death, at Nashville, Tennessee, on the 20th ultimo, of the American Medical College Association. (Medical Age.) It announces the cause of death as "The Bellevue Stab." This reference is, evidently, to the famous advance and precipitate retreat of Bellevue Hospital Medical College, a couple of years ago, on the question of an advanced standard of medical education. Bellevue was loud in her demands for a higher standard, and in the fullness of time went up to possess the land. But she soon discovered that she had been too previous, as it were. She is of "the-old-flag-and-an-appropriation" style of patriot, and was loud for advance as long as the cry seemed popular and was likely to draw students. When, however, the students refused to follow, she quickly sounded the retreat, and thus, as our contemporary intimates, gave the death-blow to the movement to improve medical education in this country.

Here we find in one paragraph an opinion to which three editors give assent, and doubtless many more can be found who would testify in like manner.

That there is some ground for the statement we will not presume to deny, since it

is true that the Association met at Cincinnati in May, last year, and did little more than to make a list of the prominent Eastern colleges which had withdrawn from it; and again this year, in Nashville, found itself short of a quorum by one member. But in view of the fact that among those who did assemble were to be found representatives of several of our most influential Southern and Western schools—men like Seely, of Cincinnati, Bodine, of Louisville, Briggs and Roberts, of Nashville, and Connor, of Detroit, who have been prominent throughout the whole history of the movement—and, in consideration of the expressed determination of these gentlemen to continue the organization by devising a platform upon which all the reputable colleges of the land can stand without prejudice to the vital interests of any, the flippant announcement of the death of the Association is at least premature.

Among the measures contemplated with a view to revivifying the organization, the following met with unanimous favor, viz: That a minimum of qualifications entitling a college to membership be stated, and that each applicant must show what might be called property qualifications, such as the command of a certain number of beds in some well-conducted hospital, and the possession of chemical, microscopical, and other laboratories, in which shall be found all necessary equipments with qualified demonstrators in charge. The sending out of notices embodying these and other suitable propositions to the leading medical schools, with a view to calling a convention in the near future, was also considered.

It is believed that thus a common ground of meeting may be fixed upon, and that the seceding schools will find it to their interest to return to the Association, where all can labor in common for substantial reform in medical teaching, while ephemeral and irresponsible institutions will be barred out.

To those who can be made to take an unbiased view of the case, some signs of



life will, we think, be evident, and to such we would say "break not the bruised reed, quench not the smoking flax;" while to those who can not see these signs of life, we beg to suggest that they wait until all the tests of vitality have been applied and the evidences of death confirmed, before hurrying the remains underground and gleefully proclaiming to the world that the only champion of medical reform in America is dead.

A word for Bellevue. It is not kind to say that Bellevue stabbed the cause of reform; she simply deserted it, and the majority of the Eastern colleges were prompt to follow, thus turning the desertion into a successful and respectable retreat. We do not blame Bellevue, she had her living to make, and the new movement cost her nearly half her income. The real enemy of reform, and the one who gave the sorry stab, was the sly old University of New York, just across the way from Bellevue, who, when she saw her neighbor enter on the reform ticket, laughed in her sleeve, lay low, said nothing, kept her fees down, winked at the boys, and took them in. The result was that, before the close of the following session, the University could show a matriculation list of seven hundred and fifty students, while poor Bellevue had only three hundred and fifty. The competition was more than she could stand; she dropped her colors, and went back to play her old neighbor at her own game. Is there any school in the land which, under the same circumstances, would not have done as Bellevue did? We make grave question of it.

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### THE CHOLERA.

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Cholera has passed the limits of the Delta of the Nile, appearing at Beyrout, in Syria, and in the province of Beni-Souef, in Central Egypt, where one hundred and three deaths were reported on August 3d and 4th. A dispatch from Alexandria, August 2d, gives the total mortality of the epidemic up

to that date as eleven thousand, but the London Daily News puts the figure at sixteen thousand.

In Cairo there have been over five hundred deaths daily, and the British army had lost one hundred and ten of its number up to the 6th inst.

The disease has gained a foothold in Alexandria, but is reported not to be making any great headway in that place. The Turkish, Austrian, Spanish, French, British, and American sanitary authorities, are taking all necessary precautions against a possible invasion. All vessels hailing from Egypt and Syria will doubtless be placed in quarantine, the ships and their cargoes being disinfected before passing into any port. It appears that rags, wool, skins, and hair are shipped from Egypt in large quantities to England and America, and are giving the coast inhabitants no little concern. Ship-loads of rags are threatening Liverpool, Eng., and Portland, Me; a large cargo of skins and hair is menacing Philadelphia, while New York stands appalled at the prospect of soon receiving from Egypt and Syria a fleet-load of wool alleged to have been extracted from spent mattresses in those countries.

It is said by certain sanitarians that the United States was never in a condition more favorable to the reproduction and spread of the disease, should the fatal germ be landed upon our shores, since the introduction into many of our towns and cities (particularly in New England) of full water-supplies by means of water-works, in advance of proper sewerage, "have greatly multiplied the means of distributing filth, contaminated the soil, and befouled the water-courses and drinking-water to a degree probably unequalled in any other country." (Sanitarian.) All this is indeed alarming, and should serve to put us on our guard.

Comfort may, however, be taken in the following reflections: (1) That the distribution of cholera by means of formites is not yet proved, and that our sanitary authorities will prevent its possible demonstration



in these parts by rigid quarantine. (2) That the local conditions for the propagation of cholera germs are with us, in the Northern and Middle States at least, probably wanting in the factor of heat; and (3) that, notwithstanding the fact that the disease has been prevailing in Egypt for several months, it has not yet succeeded in crossing the Mediterranean into Southern Europe, where intercourse between lands is constant and the conditions for its reception and propagation would seem to be favorable. Until cholera crosses the Mediterranean, the dwellers on this side of the Atlantic, though properly on the alert, need not be unduly alarmed.

### Bibliography.

SOME RECENT ADVANCES IN THE SURGERY OF THE URINARY ORGANS. An address delivered before the fifty-first annual meeting of the British Medical Association at Liverpool, on August 1, 1883. By Reginald Harrison, F.R.C.S., Surgeon to the Royal Infirmary; Member of Council, Liverpool University College, etc. London: J. & A. Churchill, New Burlington Street. 1883.

In this address may be found in terse and concise statement an accurate survey of the past attainments and present aspects of urethral surgery. Its able and accomplished author, while giving due prominence to the services done in this department of surgery by Sir William Thompson and his English collaborators, pays a graceful tribute to the recent brilliant achievements of Bigelow and other American surgeons.

Several extracts may be found among our miscellanies in this issue which will give the reader a fair idea of the style and scope of the address; but we take it that no one who makes a practice of surgery will fail to read it in its entirety. The address was delivered on the 1st inst., and received by us on the 11th. The enterprise shown in getting the document thus early before the profession is certainly remarkable.

SCIENCE, an illustrated journal, published weekly at Cambridge, Mass. Subscription price in U. S., \$5 per year. Moses King. July 20, 1883. Vol. II, No. 24.

This is a well edited journal of scientific literature. The present number con-

sists of thirty pages, twenty of which contain carefully written original articles on current scientific topics, the remainder of the journal being devoted to reviews, a summary of the progress of science, items of news, bibliography, etc.

The periodical is owned by a company of eminent and wealthy scientific men, among whose directors may be found such names as Daniel C. Gilman, President of the Johns Hopkins University; Prof. Alex. Graham Bell, inventor of the telephone, and Othniel C. Marsh, President of National Academy of Sciences, with others no less distinguished in the annals of science. Certainly no journal ever began its career with more promise of brilliant results, and that the editors and managers are making the promise good will be evident to any reader of the present number. Its success is assured.

HISTORY AND PRACTICE OF QUARANTINE AND ITS RELATION TO CONSTITUTIONAL AND INTERNATIONAL LAW AND TO COMMERCE. By Joseph Jones, M.D., President of the Board of Health, State of Louisiana. New Orleans: E. A. Branado & Co. 1883.

This pamphlet is the result of much curious research, and presents to the reader a digest of what is known relative to the points named in the title. Such knowledge can be obtained only by hunting through massive and unreadable public documents, and Dr. Jones deserves the thanks of all interested in sanitary literature for saving them a deal of labor. The author makes a strong argument for quarantine, and will find many appreciative readers.

SHADE-TREES, INDIGENOUS SHRUBS, AND VINES. Second edition; revised and improved. By J. T. Stewart, M.D., Peoria, Ill.

This pamphlet, though intended for local circulation, is invaluable as a contribution to the subject of forestry and floriculture throughout the middle belt of the United States. The author is a physician of thirty-five years standing and a surgeon of great local prominence. The work shows much research and careful study; is concise and comprehensive, and can not fail to popularize a subject which, aside from its æsthetic bearings, is a prominent factor in the problem of public health. No one contemplating the planting of shade-trees should fail to read Dr. Stewart's book.

OPINION AS TO LEGALITY OF QUARANTINE LAWS OF LOUISIANA. By F. C. Zacharie, Attorney of Board of Health, State of Louisiana.



## Correspondence.

### ARE DRUGGISTS DOCTORS IN MEDICINE?

*Editors Louisville Medical News:*

Are druggists doctors in medicine? Some of them are. The great majority of them are not. And the only object which the writer has in view is to call the attention of the profession, and the public as well, to the practice done by the latter class. These apothecaries, most of whom are Germans, are venders of compounds and salesmen of toilet articles over their counters. Merchants in drugs most of them are. Usually the proprietor is obliged for his own protection to be fortified with a diploma from a college of pharmacy, certifying that he is sufficiently proficient in the art of mixing medicines to avoid error. And were he to practice but pharmaceutical art, ensconced behind his green earthen pots, we would let him pass with Shakespeare's description; but he suddenly assumes a new rôle.

Flattered by the title of distinction which in our latter day is applied to professional men and boot-blacks alike, he does not hesitate to diagnose, and dictate treatment for diseases—a branch of science of which he knows himself to be as ignorant as the average Hottentot who gathers buchu in Madagascar. Were he less ignorant, he would certainly shrink from a responsibility which a well-informed and educated physician would not undertake, that of prescribing for cases upon the statement of friends without knowing what the disease may be.

Every hour in the day pharmacists in this city are preparing compounds and selling new remedies over counters, recommending them in cases of children who may be suffering from dysentery, summer complaint, or cholera infantum, the distinction of which is not known to them.

Not less culpable on the part of a druggist is the custom of refilling doctor's prescriptions without the consent or advice of the physician. A physician informed the writer that one of his prescriptions, given several years ago to a very sick patient, had been refilled a hundred times by lending the label number to patient's friends, until finally the druggist, being familiar with its valuable properties, began to recommend it to his customers; and this to a less extent had been done with other prescriptions, ointments, etc. Thus the label on the bottle contains the doctor's authority for

taking the medicine, while he is entirely ignorant of the individual so using it as well as the indications for which it is being used. Doctors have been accused of contributing to the formation of the terrible opium-habit in patients under just such circumstances, which could never happen if they were consulted.

Certificates of the cause of death are required by the Health Officer, and this official has the authority to enforce a rigid observance of the ordinance; but the writer is cognizant of several instances of death where the druggist has been the only medical attendant, or rather prescriber (as they never go out to see their cases). The burial permit must have been obtained from the health officer, based upon a certificate of the cause of death. Did the druggist sign it?

As before stated, this article is not intended to include those apothecaries who hold medical diplomas from regular medical colleges, and who are consequently entitled to practice medicine. This double-ended practice is, as far as we know, perfectly legitimate, and, if a visiting fee is added, it is certainly remunerative.

Every doctor has the right to dispense his own medicines, and, by intrusting his prescriptions to the druggist, he certainly has the right expect in return, not alone accuracy and skill in pharmacy, but also an honorable estimation of the confidence reposed in him.

The relation between the physician and druggist is very close. The pharmacists are our allies, and it may be further said that, with the fewest possible exceptions, they are gentlemen. In European countries their number is limited to the population. In this country there are so many to the square mile that a strictly legitimate pharmacist can not live.

One of our most estimable and capable druggists recently assured the writer that he sincerely wished that the people would not apply to druggists for treatment, that he felt oftentimes that it was beyond his sphere of duty; but, if he refused to comply with their requests, they would apply to his neighbor druggist who would unhesitatingly take such customers from him. Several druggists, who have recently graduated in medicine, have had the good judgment to retire from their former business, and announce their intention to practice medicine. These gentlemen will obtain a good practice and receive the respect of the profession.



The practice of both pharmacy and medicine, says Dr. Cathell, is too much for even the most intelligent of men. One or the other is apt to be slighted, and if physicians' prescriptions fall into the hands of such, both physician and patient take a great risk. Charging nothing for advice which is worth nothing is all well enough, but making it up on the medicine is quite wrong.

J. A. LARRABEE.

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*Editors Louisville Medical News:*

The Tri-State Medical Society will meet in English's Hall, at Indianapolis, on the 18th, 19th, and 20th of September, 1883, commencing on the 18th, at 9 A. M.

Excursion rates have been secured on all the railroads coming into Indianapolis; The hotels have reduced their rates for the occasion, and every thing promises a very large attendance. Many papers of great interest will be presented. For further particulars address Thos. B. Harvey, M.D., Indianapolis, Chairman of Committee of Arrangements.

G. W. BURTON, M.D., *Secretary.*  
MITCHELL, IND.  
WM. PORTER, M.D., *President.*  
ST. LOUIS, MO.

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## Selections.

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ON THE QUESTION OF OPERATIVE PROCEEDINGS IN DISEASES OF THE LUNGS.—Dr. Bull, of Christiana, communicates, in a recent number of the *Nordiskt Medicinskt Arkiv*, an interesting case bearing upon the above question. He also gives a brief review of the literature relating to the operations hitherto performed in diseases of the lungs, together with some observations on the indications connected with the opening of tuberculous cavities, and he draws attention to some new possibilities of limited expiratory expansion of the pectoral wall. The case was that of a man, twenty-nine years old, who entered the State Hospital of Christiana, exhibiting all the signs of advanced pulmonary tuberculosis, such as hectic fever, violent cough, abundant mucopurulent expectoration, emaciation, and anemia. In the first, and partly in the second left intercostal space, external to the left sternal border, there was observed during the fits of coughing a considerable and clearly limited expansion of the pectoral coverings,

which circumstance was not observed in tranquil breathing. This limited expiratory expansion was considered due to a superficial cavity adherent to the thorax and, perhaps, ulcerated by the pleural adhesion. Viewing the possibility of the suspected cavity offering an advanced process of ulceration; of the secretion, incompletely expectorated, flowing into the neighboring bronchi; considering that the fever and the cough were partly relieved by the opening of the cavity externally by means of drainage and disinfection, and that the expiratory expansion in front might perhaps indicate a commencing perforation of the thoracic wall; taking all these matters into consideration it was determined, with the consent of the patient, to try the operation. This was accordingly performed, and after the perforation of the thoracic wall the finger could be introduced into a small empty cavity, limited on all sides by smooth walls, the base of which was formed by a solid elastic tissue. There was no sound of air entering or going out. The day after the operation, during a fit of coughing, there was a sudden discharge by the wound of a liquid like that of expectoration, and this discharge continued abundant, but without relief to the patient, who died in six days.

On post-mortem examination the left lung was found to be separated almost entirely by from three to four centimeters from the thoracic wall, and there were only a few filiform adhesions with the upper parts. There was fibrinous pleurisy and a little pus in the pleural cavity. At the apex of the lung there was a large superficial cavity. In other respects in both the lungs there were the usual indications of phthisis. The differential diagnosis between a cavity and a pneumothorax in cases such as the above can not be made with certainty, and, considering the possibility of mistake, Dr. Bull advises that pulmonary operations should always be performed with the aid of antiseptics, so that if the incision reveals a pneumothorax the wound may then be closed and the operation be regarded only as "diagnostic." Dr. Bull has found in medical literature the records of nineteen cases in which the opening of pulmonary cavities has been undertaken. Five of these, however, are imperfectly reported, or the diagnosis was too doubtful to be of any service. Of the rest of the cases, two were instances of bronchiectatic cavities, in one case the bronchiectatic cavity was consecutive to pneumonia, five were cases of pulmo-



nary abscess, three of pulmonary gangrene, two of tuberculosis, and one of echinococcus of the lung. The results of the operations were as follows, viz: Cases perfectly cured, two; very marked improvement, two; more or less relief, seven; no ill consequences, one; cases made worse, two. As to the tuberculous cavities, experience is almost entirely wanting as to the effect of artificial pulmonary fistulæ, and it belongs to the future to demonstrate whether an operation of this kind is more dangerous in phthisical patients; but even when this proceeding might appear to be without danger, it should not be performed at a too advanced period of the disease.—*Medical Times and Gazette*.

**MANAGEMENT OF CHOLERA AT DAMIETTA.** The British Medical Journal quotes the following from a sanitary report by Dr. Mackie, of Alexandria: The sanitary cordon, which is the favorite Egyptian mode of dealing with cholera, has failed to effect its object. The cordon set about Damietta was too small, and a large proportion of the population escaped; but the cordon that is now about Mansourah is said to be so strict that all communication has ceased, and the people herded within it are without food or medicine. On July 3d, however, the Council of Public Health at Cairo (near which the British troops are stationed) gave orders that the population at Damietta should be removed from their dwellings and scattered in tents and wooden structures, and that the infected quarter of the town should be partly burnt and partly disinfected. This was a laudable attempt to put the Indian mode of dealing with cholera in the place of the Egyptian method. In striking contrast with the unhappy method of surrounding a town with soldiers, and leaving the inhabitants to "stew in their own juices," is the plan of frequent removal from infected quarters to a healthy camp, and, if possible, to high land. The healthy are separated from the sick and are scattered in tents. During the last twenty years this plan has been generally adopted throughout India, when cholera has broken out among troops or prisoners. But to be successful it must be thorough; and the Egyptian Government would be amply justified in seeking the aid of our troops and Indian medical officers in carrying it out. While English sanitarians almost unanimously ascribe the spread of cholera epidemics to the pollution of wells and rivers, many Indian sani-

tarians hold this to be an insufficient explanation. The medical officers in charge of the health of our Indian troops are often compelled to disregard the pollution of streams, which it is impossible for them to prevent. In the Delta of the Nile, unless perhaps by forced native labor, it would also be impossible to clear the water-courses of infection, and the epidemic must be otherwise dealt with.

**HUMAN PARASITES.**—Dr. George Sutton gives the following list, showing the principal parasites which infect the human system:

*Microzymes.*—Micrococci: Probably of smallpox, cow-pox, measles, scarlatina, varicella, erysipelas, syphilis, gonorrhea. Bacilli: Probably of typhus fever, typhoid fever, tuberculosis, anthrax, leprosy. Vibrios. Filaria: Probably of elephantiasis. Spirillum: Probably of relapsing fever. Bacteria: Probably of septicemia.

*Entozoa.*—Vermes—Cestoda: Probably of tenia elliptica, tenia flavo punctato, tenia mediocanellata, tenia latus, tenia solium, tenia bothriocephalus caudatus, tenia bothriocephalus latus. Nematoda: Probably of ascaris lumbricoides, ascaris mystax, oxyuris vermicularis, filaria medinensis, dochmius duodenalis, trichocephalus dispar, trichina spiralis. Trematoda: Probably of monistoma, distoma.

*Epizoa.*—Insects—Acarus scabei.—Pediculida: Probably of pediculus capitis, pediculus vestimenti, pediculus tabescentium, pediculus pubis originalis. Pulex: Probably of pulex irritans, pulex penetrans. Ixodia: Probably of ixodes Americanæ, ixodes numarias, ixodes crenatus.

*Undoubted vegetable parasites and their diseases.*—Microphytes—Achorion schönleinii: Probably of favus. Trichophyton tonsurans: Probably of porrigo scutulata. Microsporon audouini: Probably of porrigo decalvans. Microsporon mentagrophytes: Probably of mentagra. Microsporon furfur: Probably of tinea chloasma.—*Cincinnati Lancet and Clinic*.

**GLACIAL PHOSPHORIC ACID, A TEST FOR ALBUMEN.**—Dr. Henry Zaffman, in the Polytechnic, states that the ordinary solid glacial phosphoric acid is a delicate test for albumen in the urine. A piece of the stick acid, not larger than a small pea, should be dropped into the urine, which is allowed to stand for a few minutes without heating. The albumen, if present, quickly appears as a cloud, which, on shaking the tube, breaks



up into flakes. On allowing the tube to stand for a longer time, a more or less abundant precipitate falls, according to the amount of albumen present. The urine, if turbid, should be filtered before testing. The acid must be used in solid form, since a solution of it quickly changes into metaphosphoric acid, which will not coagulate albumen.

**CHOLERA AND THE POLLUTION OF RIVERS.** In commenting on the possible introduction of cholera into England, the British Medical Journal calls attention to the polluted state of numerous English rivers, with the following timely warning: "It would be well to remember that cholera is both endemic and epidemic, and that rivers in a polluted condition may invite the localization of this dreaded disease, should the intercommunication between India and the centers of manufacture in England through Egypt unfortunately bring it to our shores."

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from August 4, 1883, to August 11, 1883.

*McParlin, Thomas A.*, Lieutenant Colonel and Assistant Medical Purveyor, relieved from duty in charge of the purveying depot in San Francisco, California, to take effect September 1, 1883, and will then proceed to New York City and relieve Assistant Medical Purveyor, Ebenezer Swift, of the charge of the purveying depot in that city. Assistant Medical Purveyor McParlin will transfer all funds and public property in his possession to Medical Stock-keeper Henry Johnson, who, until further orders, will perform the duties of acting assistant medical purveyor at the purveying depot in San Francisco. (Par. 5, S.O. 183, A.G.O., August 9, 1883.) *Magruder, David L.*, Lieutenant Colonel and Surgeon, leave of absence extended one month. (S.O. 89, Mil. Div. of the Missouri, August 4, 1883.) *Forwood, William H.*, Major and Surgeon, to proceed to Fort Washakie, Wyoming, and Fort Ellis, Montana, on public business, and return. (S.O. 87, Mil. Div. of the Missouri, August 2, 1883.) *Woodward, Joseph J.*, Major and Surgeon, leave of absence, granted on account of sickness by S.O. 34, extended six months. (S.O. 179, A.G.O., August 4, 1883.) *Byrne, Charles B.*, Captain and Assistant Surgeon, relieved from duty at Fort Craig, N. M., and assigned to duty at Fort Lewis, Colorado. (Par. 3, S.O. 161, Dept. of the Missouri, August 6, 1883.) *Lauderdale, John V.*, Captain and Assistant Surgeon, granted leave of absence for two months, to take effect on or about the 15th instant. (Par. 2, S.O. 90, Dept. of the Missouri, August 6, 1883.) *Banister, John M.*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of the Missouri, and assigned to duty in the Department of the East. (Par. 5, S.O. 183, A.G.O., August 9, 1883.) *Carter, William F.*, First Lieutenant and Assistant

Surgeon, relieved from duty in the Department of Texas, and assigned to duty in the Department of the East. (Par. 5, S.O. 183, A.G.O., August 9, 1883.) *Kane, John J.*, First Lieutenant and Assistant Surgeon, relieved from duty in the Department of the Missouri, and assigned to duty in the Department of the East. (Par. 5, S.O. 183, A.G.O., August 9, 1883.) *Owen, W. O., jr.*, First Lieutenant and Assistant Surgeon, to proceed from Vancouver Barracks to Fort Walla Walla, W. T., and report to the commanding officer of the latter post for temporary duty. (S.O. 101, Dept. of the Columbia, July 27, 1883.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, April 1, 1883, to June 30, 1883.

*Bailhache, P. H.*, Surgeon, to examine officers and cadets of the Revenue Marine Service, April 2, May 28, and June 4, 1883. To proceed to New York, N. Y., to make arrangements for the care of seamen, April 30, 1883. To proceed to Chattanooga, Memphis, St. Louis, Cairo, Evansville, Louisville, Cincinnati, Gallipolis, Wheeling, and Pittsburgh, as inspector, June 23, 1883. *Miller, T. W.*, Surgeon, detailed as President Board of Examiners, May 15, 1883. Detailed as member of Board for the physical examination of cadets of the Revenue Marine Service, May 15, 1883. *Wyman, Walter*, Surgeon, detailed as member of Boards for the physical examination of officers and cadets of the Revenue Marine Service, May 1, 15, and 28, 1883. Detailed as member Board of Examiners, May 15, 1883. *Murray, R. D.*, Surgeon, to proceed to Pensacola, Fla., and take charge of Quarantine Service, May 21, 1883. *Gassaway, J. M.*, Surgeon, granted leave or absence for ten days, April 21, 1883. Detailed as Recorder Board of Examiners, May 15, 1883. *Smith, Henry*, Surgeon, granted leave of absence for thirty days on account of sickness, June 14, 1883. *Fisher, J. C.*, Passed Assistant Surgeon, detailed as member of Boards for the physical examination of officers of the Revenue Marine Service, May 1, and June 4, 1883. *Cooke, H. B.*, Passed Assistant Surgeon, granted leave of absence for thirty days, May 15, 1883. *O'Connor, F. J.*, Assistant Surgeon, relieved from duty at Detroit, Mich., and assigned to temporary duty at Boston, Mass., May 10, 1883. *Guitéras, John*, Assistant Surgeon, granted leave of absence for thirty days, without pay, April 3, 1883. *Armstrong, S. T.*, Assistant Surgeon, to proceed to Memphis, Tenn., for temporary duty, May 21, 1883. *Bennett, P. H.*, Assistant Surgeon, granted leave of absence for thirty days on account of sickness, June 26, 1883. *Ames, R. P. M.*, Assistant Surgeon, granted leave of absence for fourteen days, April 3, 1883. *Deven, S. C.*, Assistant Surgeon, detailed as medical officer Revenue Str. "Corwin," during cruise in Alaskan waters, April 16, 1883. *Bevan, A. D.*, Assistant Surgeon, to proceed to Detroit, Mich., for temporary duty, June 11, 1883. *Glennan, A. H.*, Assistant Surgeon, to proceed to Norfolk, Va., for temporary duty, June 26, 1883.

*Appointments.*—The following candidates having passed the examination required by the Regulations were appointed Assistant Surgeons by the Secretary of the Treasury, June 6, 1883: *Arthur D. Bevan, M. D.*, of Illinois, and *Arthur H. Glennan, M. D.*, of the District of Columbia.



THE

# LOUISVILLE MEDICAL NEWS.

“NEC TENUI PENNĀ.”

SATURDAY, AUGUST 25, 1883.

## Original.

### AFFECTIONS OF THE EYE AS A CAUSE OF HEADACHE.

BY W. CHEATHAM, M.D.

*Lecturer on Diseases of Eye, Ear, and Throat, in University of Louisville; Eye, Ear, and Throat Physician to Louisville City Hospital, etc.*

[Written by request for the Louisville Medical Society.]

The above subject is, in my estimation, an extremely important one. Such affections not only produce headache, but have often as a result, vertigo, nausea, inability to apply the mind, mental depression and irritability of temper, insomnia, loss of appetite, and fear of some impending danger. To Dr. S. W. Mitchell we are indebted for first calling our attention to these facts.

Headaches, as the result of errors of refraction and accommodation, insufficiency of recti and oblique muscles, conjunctivitis, etc., are very common. By errors of refraction and accommodation, I mean near-sightedness, over sightedness, astigmatism, presbyopia or failure of sight from age, and spasm of accommodation. Affections of the eye other than these mentioned may cause headache, but the above are more frequently accompanied by this symptom.

The first question that presents itself in this connection is, How do these affections cause headache? Is it through the sensory nerves, or (if I may be allowed the expression) what is the channel of communication? I believe that in these affections the channel through which the disturbing impulses pass is the same as that by which genital irritation causes convulsions, etc.—the stomach, in certain conditions, produces aural tinnitus and vertigo, or a decayed tooth brings about middle-ear inflammation—that is, the sympathetic system of nerves. Take, for instance, a diseased or

over-fed stomach; where is the channel of communication between this viscus and the internal ear? “It is established,” so says Woakes, “through the pneumogastric nerve and the lower cervical ganglion, by means of a fasciculus given off by the former at about the point where the recurrent laryngeal leaves the trunk of the nerve. That the course of this branch is from the stomach to the ganglion will be plain when it is remembered that vaso-motor fibers associated with cerebro-spinal nerves pursue an opposite course to the latter. When it is further remembered that nerves entering a ganglion break up and communicate with its corpuscles, by which means they contract new relationships with other nerves entering the ganglion, it will not be difficult to understand how the stomach is brought into relationship with the labyrinth. There can, I think, be no doubt that this correlation is effected in the inferior cervical ganglion through the medium of the communication just noted between the pneumogastric and this ganglion, impressions passing along which become in it transferred to the inhibitory nerves furnished to the vertebral artery from the ganglion.”

Occipital headache may be produced through this same channel. This wave of vaso-dilatation passing to the vertebral, to its branches supplying the medulla oblongata and other portions of the base of the brain, on through the internal auditory artery, thus produces the occipital headache with tinnitus (pulsating noises) and vertigo.

Or, again, taking the decayed tooth: Here we have communication through the inferior dental nerve which enters the otic ganglion. The nervi vasorum constituting the carotid plexus come largely from the otic ganglion. The drum membrane gets a large portion of its blood supply from an artery that leaves the internal carotid as it passes through the carotid canal. The com-



munication between vaso-dilators, as will be seen, is here very close. I have had cases of suppuration of the middle-ear to arise from decayed teeth which resisted all treatment, recovering only after the original cause was removed. Having established, I think conclusively, these connections, let us refer to the chief object of this paper.

Are headaches often the result of affections of the eye; and if so, how are they produced? I shall not discuss the many affections of the eye which may produce headache, but shall take for illustration only one. Since the channel of communication is about the same in all, I shall therefore call your attention to the disorder of vision which is a common cause of headache, namely, hypermetropia or oversightedness. I shall endeavor in what follows to use as few technical terms as possible, so that no one may fail to understand me. Ophthalmic names are almost as difficult to pronounce and understand as those of dermatology; and, as none but a professional dermatologist would pretend to understand its nomenclature, I have no right to assume that many among the general practitioners of medicine have taken the trouble to master the technique of my specialty.

By a hypermetropic or over-sighted eye, I mean an eye with its antero-posterior axis too short, or its refractive media too weak, so that the focus is formed behind the eye, or rather no focus is formed at all, as the coats of the eye are opaque. Here I must speak of accommodation. By this term is meant the power that enables us to see both distant and near objects. If I hold an object close to me, and fix my eyes upon it, I see it distinctly, but all things beyond it are blurred: again, fixing my eyes on a distant object, the near one is seen indistinctly. Of course the eye, in fixing on the two objects, has undergone some change. This change is called accommodation. Whether this power resides in the ciliary muscles, the crystalline lens, or the choroid, or whether all of them are concerned in the phenomenon, is of no consequence to us in the consideration of this subject. That it is muscular, there can be no doubt. Referring back to the definition of the hypermetropic eye, I said that in it the focus is too far back. For such an eye to get distinct vision the focus must be brought forward so as to fall upon the sensitive plate, the retina; to accomplish this object the refractive power of the eye must be made stronger; for this

we depend upon the crystalline lens. And just here lies the cause of the difficulty. Such an eye as I am now speaking of, in consequence of its shape, is under a constant strain; even to see distant objects distinctly its accommodating power has to be called into play, which is not the case in an emmetropic or normal eye. Such an eye (hypermetropic) in fact is never at rest, unless its owner be asleep. When a person thus afflicted undertakes to read, or do other close work, he has to not only accommodate as much as a person with properly shaped eyes, but enough in addition to overcome his hypermetropia also: we here in fact get the same effect as would be noticed if the person should undertake to carry all day long some weight which was too heavy for him, namely, fatigue. This fatigue to the eyes is the result of this extra work of the accommodation, or rather the extra work itself, calls for an increase in the blood-supply of the parts concerned. This demand, in the form of a nerve impulse, is reflected to the brain and spinal cord through the sympathetic system, producing in these centers a congestion with accompanying headache and not infrequently spinal irritation. Let us now trace out the channel of sympathetic communication here brought into service.

The medulla oblongata or the *crus cerebri* is generally considered the center of the sympathetic system. The fibers which come from the brain pass down into the cord, and join those coming from the latter. The bundles extending into the first and second cervical nerves pass into the cervical portion of the thoracic ganglia. These inclose the carotid, and some pass with the carotid into the cavity of the skull, others passing over from the cavernous sinus into the *casserian* ganglion. Here they unite with the fibers emanating from the brain direct, and radiate in the fifth pair of nerves. The first branch of the fifth also gets some fibers from the carotid plexus; so here the communication is double. This first branch divides into three branches, the third branch of which, or what is known as the *naso-ciliaris*, is the one which is concerned in the present case. This nerve sends branches to the ophthalmic, lenticular or ciliary ganglion. This ganglion has three roots, the one just spoken of coming from the nasal branch of the first division of the fifth, the second a branch of the third; the third, its sympathetic root, a slender filament of the cavernous plexus. The short ciliary



nerves which enter the posterior portion of the eye are its branches of distribution; they supply the iris and ciliary body. Stellwag says, "It is clear that when there is a morbid process (in this instance it is over-work) going on in the interior of the eye those variations must have some effect upon its circulation and nutrition; since each muscular contraction brings with it increase in assimilation, it may produce severe irritations in the sensory nerves."

Having established this close communication between the eye and the spinal cord and the brain, can any one deem it impossible for such affections of the eye as hypermetropic myopia, weakness of recti and oblique muscles, conjunctivitis, retinal hyperesthesia, etc., to produce headache? I have seen many cases illustrative of this condition; they are of almost daily occurrence in practice. One case (Miss J. J.) had a headache of fourteen years standing which was promptly relieved by glasses; Mrs. H. had a headache for twenty years, and Mr. M. one which had lasted for twenty-seven years; these were also relieved by glasses. I received a letter of inquiry from Clarksville, Tenn., last week, from a gentleman who has had headache nearly all his life; he was relieved temporarily by Dr. Hammond, who treated him for cerebral hyperemia. Judging from his symptoms, I believe it to be what might be called an eye headache. The difficulty is worse when he uses his eyes for close work. After leaving Dr. Hammond he was well until he resumed his close work, when the whole difficulty returned.

In the case referred to as having had headache for twenty years, atropia gave relief. As soon as accommodation was paralyzed she found respite from headache, and this continued from the time she commenced wearing her glasses. I have seen chorea, nausea, cerebro-spinal irritation, with many other affections, result from errors of refraction and accommodation. A family of three—a mother and two daughters, from Nashville, Tenn.—were in my office this morning. All three had astigmatism and were subject to constant headache. This disturbance more often results in cases with small or medium degrees of errors of refraction than in those where the condition is more marked; scarcely ever does it occur in the higher degrees. This is readily explained. Any one having a very high degree of hypermetropia is soon convinced that he can not overcome

it, no matter what effort he may make. As soon as all effort to overcome the defect ceases, the cause, strain on accommodation and the internal recti ceases.

I have already referred to this subject in another article, written some four or five years ago, but inasmuch as it is not generally understood by the profession at large, and as some are disposed to doubt the fact that disturbances of refraction may produce headache, I am glad of this opportunity to carry the information to those to whom it may be unknown, with the hope also that I shall succeed in converting some of the unbelievers.

LOUISVILLE, KY.

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### Miscellany.

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NO HEALTHY CHILDREN.—I said in my address at the Health Congress at Brighton what was quite true, that I had never in my life seen a child so healthy that it had not in it some actual or latent constitutional disease. Touching the subject now in hand, it is equally true to say that it is all but impossible to find in the board schools of our large towns any semblance, critically viewed, of health. Constitutional taints, which under favorable circumstances may often be concealed, and which may or may not be apparent, are there. Various conditions of disease are there independently of the tendency from heredity; there, of themselves, in some irregularity of function, in some shade of mental aberration. The field of disease which is presented in some of the schools situated in crowded localities is indeed a sight at once for anxiety and pity. To the eye of a physician who, like myself, has spent many years in hospital practice, it tells a story which is absolutely painful, if he permits the result to be calculated out of his mind at leisure hours; if, that is to say, he compares what he has witnessed in his survey with what he has learned from long observation of the meaning of the phenomena in the history of life. It is not necessary for him to strip the children, percuss and sound the chest, examine the spine, or practice any of those refined arts of the diagnosis with which he is familiar. He reads from the indications of temperament, of expression of countenance, of color of skin, of poise of limb, of build of body, of gait, of voice, sufficient outward manifestation to discern what is the true physical state, what



is the stamp and extent of the disease, what is the vital value of the lives generally that are before him. Tell the physician those lives are to be valued for some monetary purpose as they stand and as they are to go on, according to the present system, and he will give in brief time an estimate of value which the keenest man of business might readily accept and act upon.—*Dr. B. W. Richardson.*

**HEALTH APHORISMS.**—The lives of most men are in their own hands, and as a rule the just verdict after death would be *felo de se*.

Light gives a bronzed or tan color to the skin; but where it uproots the lily it plants the rose.

Mold and decaying vegetables in a cellar weave shrouds for the upper chambers.

A change of air is less valuable than a change of scene. The air is changed every time the direction of the wind is changed.

Calisthenics may be very genteel, and romping very ungenteel, but one is the shadow, the other the substance of healthful exercise.

Blessed be he who invented sleep; but thrice blessed the man who will invent a cure for thinking.

Milk drawn from a woman who sits indoors and drinks whisky and beer is certainly as unwholesome as milk from a distillery-fed cow.

Dirt, debauchery, disease, and death are successive links in the same chain.—*Dr. Frank H. Hamilton.*

**SORE THROAT AND ALBUMINURIA.**—There are many authorities who contend that the simplest form of sore throat is a mild diphtheria—that even the most innocent case of the former disease is accompanied by a contagion, giving frequently rise to severe cases of diphtheria, and that in either case micro-organisms are the pathogenic cause can not be doubted. Dr. Laure (*Deutsch. Med. Zeit.*, 1, '83,) has published a series of cases where sore throat was complicated by albuminuria. Such observations have recently also been made by the great clinician Leyden, who noted nephritic disturbances and even paralysis following simple sore throat where diphtheritic patches had not been present. Laure supposes that in his cases there existed a catarrhal co-affection of the kidney-epithelium. It is also possible that the complication was a so-called elimination-nephritis, viz., in most infectious diseases in consequence

of the obstruction to the circulation by the microbes filling up the lumen of the capillaries, further due to the disturbed process of filtration in the glomeruli and the altered blood-pressure; first congestion and then inflammation of the kidney ensues, causing the presence of albumen and tube-casts in the urine. It follows that we should pay attention to the kidneys even in the simplest case of sore throat.—*Med. and Surg. Reporter.*

**FIRST IDEA OF THE TELEPHONE.**—The following lines, brought to the attention of M. de Parville by Prof. Egger, are extracted from the book "Incredulité et Mescrance du Sortilège," by P. de l'Ancre, published at Paris in 1662; De la Divination, 5<sup>e</sup> temé traité:

"It is reported that a German communicated to King Henry the Great an astonishing secret, through which men far apart might understand each other by means of the magnet. He at first rubbed together (frotta) two magnetic needles, and then attached them separately to two clocks, about the dials of which were written the twenty-four letters of the alphabet. When one needle was moved to a letter of the alphabet the other, no matter how far away, moved to the same letter. The king, perceiving how dangerous the secret might become in transmitting information to besieged cities, forbade its publication."—*Med. and Surg. Reporter.*

**AN AUSTRALIAN OBITUARY.**—We extract from the Australasian Medical Gazette the following. The dead are not hurt as are the living by caustic strictures, and a dead doctor may thus be utilized as a warning to his living brothers. Possibly some of the readers of the NEWS may be personally benefited by considering the late Mr. Thomson's faults, or may know of some one who might be profited by their perusal:

The death of Mr. William Thomson, of South Yarra, is necessarily an event not to be passed over without mention. I wish I could say that he had gone to his grave with every body's regret; but he had lived in his professional life in such perpetual antagonism with those of his own calling, that it would be untrue to say that their regrets followed him to his resting place. That he had considerable ability no one denies; but he had such an *overmastering vanity*, and such an *irascible temper*, that it was a virtual impossibility for any average human being to continue long on friendly terms with him. No



doubt these faults were in the nature of great misfortunes to him; but they were, equally, misfortunes to those who had dealings with him. *He looked upon a difference of opinion as an affront, and he resented it as such.* He was a voluminous writer, and he claimed to have made some discoveries; but these fancied discoveries were only in the nature of ruminations of the scientific aliment with which others had supplied him, and he was furious when he was told that this was so. He might have been very useful if he had been content to work side by side with his fellow-practitioners; but he *would not recognize equality, but affected to discover only inferiority in those about him; and it is not in human nature to submit to arrogant assumption, even when there is some reason at the back of it.* So it happened that he became alienated from nearly every one in the profession. We bear him no malice; we wish it could have been otherwise; but it was solely his own fault that it was not otherwise, and so *requiescat.*

CATARRH OF THE NASO-PHARYNX. — Dr. Morell Mackenzie, in a lecture at the London Hospital Medical College (British Medical Journal), arrives at the following conclusions relative to the cause of post-nasal catarrh in America: The universal prevalence of catarrh is, indeed, fully explained by the abundance of dust, both in the country and in the cities. Owing to the immense size of the country and its sparse rural population, the country roads have not, as a rule, been properly made and, except in some of the older States, are merely the original prairie tracks. In the cities, notwithstanding the magnificence of the public buildings, the splendor of many of the private houses, and the beauty of the parks, the pavement is generally worse than it is in the most neglected cities of Europe; such, indeed, as are only to be found in Spain or Turkey. It must be recollected also that, while in the decayed towns of the Old World there is very little movement, in the American cities there is a ceaseless activity and an abundance of traffic. Hence, the dust is set in motion in the one case, but not in the other. The character of the dust of course varies greatly according to locality. In some parts it is a fine sand, in others an alkaline powder; while in the cities it is made up of every conceivable abomination, among which, however, decomposing animal and vegetable matters are not the least irritating elements. An

idea may, perhaps, be formed of the state of the atmosphere, from a consideration of the fact that in many cities the functions of the scavenger are quite unknown.

That a dusty atmosphere is the real cause of post-nasal catarrh is rendered probable by a consideration of the anatomical relations of the naso-pharynx. For, owing to its being a *cul-de-sac* out of the direct line of the respiratory tract, particles of foreign matter which become accidentally lodged in its upper part are got rid of with difficulty, most likely by an increased secretion, which, as in the case of the conjunctiva, washes away any gritty substance which may temporarily alight on the membrane. As regards the larynx, irritating dust is expelled by coughing, which may be either reflex or voluntary; and again, in the case of the nasal passages, the minute particles of matter which constitute dust are expelled, if they happen to be obnoxious, either by sneezing or blowing the nose. But reflex acts, such as coughing and sneezing, have no effect on the upper part of the naso-pharynx, and it is only by a voluntary act, known as "hawking," that this cavity can be partially cleared. It is probable also, that, owing to the sensibility of the naso-pharyngeal mucous membrane being less acute than that of either the nose or the larynx, minute foreign bodies accidentally lodged in the vault of the pharynx do not cause an amount of discomfort at all corresponding to that in the adjacent parts; hence, particles of matter are more likely to remain *in situ* for a long time in the post-nasal region than in either of the other parts, and are, of course, very apt to set up disease. In this country the complaint is most common in persons whose pharynx is large in the antero-posterior direction, a form of throat which facilitates the entrance without favoring the expulsion of foreign particles.

The importance of heredity in the etiology of catarrh has been recently strongly insisted on by Bresgen, and, although no extensive series of exact observations have yet been made on this point, there is every probability that a disposition to catarrh may be inherited. I have seen so many instances, however, in which foreigners making a short stay in America have become affected with post-nasal catarrh, that I think there is little doubt that atmospheric conditions—and those, let me add, of an accidental and controllable character—are much more powerful than heredity.



A NOVEL UTERINE SUPPORTER.—Holman S. Humphrey, M.D., of Janesville, Wis., in the Medical Age:

Amylum, . . . . . } aa3j;  
 Sacch. alb., . . . . . }  
 Finely pulv. chloride of sodium, . . 3j.

M. Triturate thoroughly and put in a bottle; cork tightly.

With the patient placed in a good light, replace the uterus and introduce a long glass speculum of as large a diameter as can easily be used; then with a spatula place one or two drams of the powder within the speculum, and, using a cotton swab, carry the powder up and pack Douglas cul-de-sac and all around the neck of the uterus with it, and as the speculum is slowly withdrawn, starch the entire mucous membrane of the vagina. This will effectually prevent the uterus from descending through the vagina, and gives wonderful support to the vaginal walls, aids in curing leucorrhea, and last, but not least, is an effectual bar to intercourse, and thus would become a great boon to many suffering women if generally used. Ordinarily the operation should be repeated twice weekly, but if there is profuse leucorrhea, it must be done oftener, and, before applying, the vagina should be well cleansed with syringe and warm soap-suds. I have used this powder a great many times during the past ten years, and find it not only the best uterine supporter in prolapsed conditions, but also a direct tonic to the debilitated structures as well. The combination can not become detrimental by remaining several days within the vagina; the chloride seems to prevent decomposition.

SOME CURIOUS OBSERVATIONS.—Dr. S. E. Cully writes, in the American Journal of Obstetrics: When the orgasm in the female takes place, there is an erection of the clitoris, and so long as the orgasm continues its muscles contract as regularly as do those of the male in the act of emission of semen; at the same time the whole machinery of the muscles of the uterus is put in motion, it (the uterus) sways from side to side, its whole body rises and falls from an eighth of an inch to a quarter, and the annular muscles of the cervix can be distinctly felt contracting. Does the uterus emit any thing in the act? Before an orgasm is induced every particle of mucus may be washed from the vagina, a rubber cap may be placed over the cervix, and when the act is over, if it be removed it will be found to contain from a

half to a dram of transparent semi-fluid substance resembling the white of an egg. I am not in a position to say what this secretion or excretion is, or whether it comes from the uterus or not. That it is there after an orgasm I know, that the uterus and clitoris act as above indicated, I likewise know, and, in my opinion, the prompt occurrence of this fluid would seem to show how rapid may be the pathological results of masturbation in the female. My experiments have been conducted with great care, taking into consideration all secreting glands in the neighborhood. The vagina was thoroughly washed, the cervix was cleared, and a close-fitting rubber ring, with a cul-de-sac attached, covered the cervix when collecting the fluid during an orgasm. Several times no ring or sac was used, and my index finger was placed against the most dependent portions of the cervix on these occasions, so as to be able to carefully detect every motion of the organ, while my thumb was in contact with the clitoris. If the act of masturbation brings into play so many forces, and if the orgasm is being constantly induced, it can be readily understood how it happens that soon a dangerous train of symptoms is set up that an unsuspecting physician may find it very difficult to control.

RETENTION OF CATHETER IN FEMALE URETHRA.—Dr. C. H. Hunter, of Minneapolis, Minn. (American Journal of Obstetrics), relates the following: The accident happened in a case of ovariectomy performed in a country village by Dr. Hill, of Augusta, Me. The patient was left in my charge, with directions to draw the water for the first few days. Every thing went well till the third day, when, on attempting to withdraw the catheter, I found, much to my consternation, that with all the traction I dared use, it would not come. What to do I did not know. All my books were explicit on how to introduce the catheter; on how to take it away, not a word. A telegram to Dr. Hill brought by return express a catheter, the half of which had been cut away lengthwise, and one end thoroughly sharpened, with directions to pass the sharpened end along the imprisoned catheter till the obstruction should be reached, then to bring away the instrument with a sudden jerk. This I did very easily, but not until after the patient's demand that she be given ether had been complied with. No bad symptoms whatever followed. The patient made a good recovery.



Before the operation the woman had been tapped thirty times, during which she had become tolerably familiar with ether, so the giving of it may not have been so rash as otherwise it would appear. The patient told me that a few years before a doctor, in attempting to draw her water, had got his instrument caught in the same way, but that he had torn it out at once, hurting her very much, after which she was sick for several days.

It would appear, then, that Dr. Hill's ingenious use of a split catheter is the safest way out of such an accident. It is needless to add that I took my catheter to the nearest jeweller, and had the eyelets filled with a plate pierced by a number of small holes, since which it has got me into no such disagreeable dilemmas as on the above occasion.

**THE NECESSITY FOR HOLIDAYS.**—That a holiday is a necessity, and not merely a luxury, is a fact which it especially behooves members of our hard-working profession to remember in the regulation of their own lives, as well as in their dealings with their patients. (*The British Medical Journal*.) For the brain-worker, periodical remission of accustomed toil has always been a necessary condition of continued vigor; for him, the heightened tension of modern life has especially accentuated the need for occasional periods devoted to the recreation and re-accumulation of energy. The cogent physiological principles and practical purposes of systematic holidays are generally admitted. All workers, if they are to last, must have holidays. For some persons, and for some occupations, frequent short holidays are best; with other natures, and in other circumstances, only comparatively long periods of release from routine are of service. Few real workers, if any, can safely continue to deny themselves at least a yearly holiday. Mere rest that is mere cessation from work, while it is better than unbroken toil, does not recreate the fairly vigorous so thoroughly as does a complete change of activity from accustomed channels. For the strong worker, either with brain or muscle, diversion of activity recreates better than rest alone. The whole body feeds as it works, and grows as it feeds. Rest may check expenditure of force, but it is chiefly by expending energy that the stores of energy can be replenished. We mostly need holidays because our ordinary daily life tends to sink into a narrow groove of routine exer-

tion, working and wearing some part of our organism disproportionately, so that its powers of work and its faculty of recuperation are alike worn down. In a well-arranged holiday, we do not cease from activity, we only change its channels; with such change, we give a new and saving stimulus to assimilation, and the transmutation of its products into force. As a rule, the hardest workers live longest, but only those live long who sufficiently break their wonted toil by the recreating variety of well-timed and well-spent holidays.

**A PIONEER IN MODERN PATHOLOGY.**—Alexander Patrick Stewart, M.D., F.R.C.P., died in London, July 17th, at the advanced age of seventy years. From a sketch of his life, in the *Medical Times and Gazette*, it appears that he was one of the first to observe and teach the non-identity of typhus and typhoid fever. "His paper, entitled 'Some Consideration on the Nature and Pathology of Typhus and Typhoid Fever, applied to the solution of the question of the identity or non-identity of the two diseases,' appeared in the *Edinburgh Medical and Surgical Journal* for October, 1840. The essay was read before the Parisian Medical Society on April 16th and 23d of that year; and it is quite possible that the attention paid to it in this country would have been greater had it been read—like the paper on the same subject by Sir (then Dr.) W. Jenner, in 1849—before the Royal Medical and Chirurgical Society. The clear, logical, and simple statements of fact in Jenner's paper succeeded in doing what neither Stewart nor others had done, viz., in convincing medical men upon the absolute dissimilarity in cause, symptoms, and pathology between these two affections; and the conclusions, somewhat hesitatingly drawn by Stewart in 1840, were irresistibly established by Jenner in 1849. It must also be remembered that, for several years before Stewart's paper, suggestions and facts were being presented, all tending to the same end; while, in particular, the anatomical researches of Chomel and his pupils were demonstrating the occurrence of intestinal lesions in a certain proportion of cases of fever, which was called "typhoid," but not then clinically distinguished from the general type of typhus. In Glasgow, Stewart must have gained from Dr. Perry some of the ideas which he afterward elaborated so thoroughly; for there can be no doubt that Dr. Perry did teach, although necessarily in but a tentative man-



ner, the existence of the two types of fever, and published a paper on the subject in 1836; and even in Philadelphia the same doctrines were being also taught by Dr. Girard. The appearance of Stewart's paper ought, then, to have had a more decided influence upon the question which was agitating medical thought in all parts of the world than it did; and, perchance, if he had drawn his conclusions with a bolder hand, such might have been the case. The essay begins with an allusion to the difficulties that beset the question and the controversy then being raised about it; and then the author goes on to point out how, when he was at Glasgow, he was struck with the occurrence of two distinct classes of cases of fever—the one marked by its severity, rapidity, and absence of all local lesions; the other running a more protracted course and mostly characterized by such lesions—and he then proceeds to discuss various points of difference systematically, showing that the causes of typhus were far better known than those of typhoid, and holding it to be doubtful whether the latter really depended on a specific poison, and if so, whether the poison was or was not generated under the same condition as that of typhus. Some cases of typhoid fever are given to illustrate the general clinical course of the malady; and then he dwells at considerable length upon the symptoms, analyzing them in a most exhaustive manner. In this way he demonstrates the abdominal characters of typhoid fever, and clearly describes the difference in the eruption of typhus and of typhoid. The crowning distinction is made by the demonstration of the invariable presence of intestinal lesions in cases marked by typhoid characters clinically, and the absence of such lesions in the purely typhus cases. A few paragraphs enforce the lesson of the different lines of treatment to be applied in each variety of fever; and, with pardonable diffidence, Dr. Stewart thus sums up: 'On a review, then, of all that has been advanced, it would appear that typhus and typhoid fever present important differences as regard their probable origin, their proximate causes, their course, many of their symptoms, their diseased appearances, and the treatment applied in each. Are they, then, identical, or are they not? I feel that it would be presumptuous in me to hazard a direct reply; nor do I demand an answer in the affirmative merely on the faith of what I have stated. All I can ask or wish for is careful, extensive, and minute inquiry, with-

out prepossession or love of system, and a satisfactory solution must soon be arrived at.' We have dwelt at length upon this fruit of his early labors because we feel that it is by this work that Patrick Stewart in the future will be most remembered; because in his lifetime the essay seemed to be unknown to many or forgotten by others; and because of the regret that he did not himself continue the researches which he left to others to complete.

WOUND OF THE THORACIC DUCT.—M. Bøgehold, when assistant to Wilms, saw, during the extirpation of a tumor of the neck, a milky liquid flow from the wound, which proved to be chyle, and without doubt came from the thoracic duct. The wound was tamponed and the flow arrested. The patient recovered, but subsequently had a return of the tumor in the same place, which, on examination, proved to be carcinomatous. Bøgehold has not been able to find a similar example in medical literature.—*Gaz. Méd. de Paris*.

DISEASED MEAT.—A cow-jobber was prosecuted for having on his premises the carcass of a cow in an extremely diseased condition, but dressed for food. The meat had been previously condemned, and buried in quick lime; but the defendant at night exhumed the carcass, and was detected carting it away by the police, who took charge of it for the second time. He was committed to prison for three months, the Bench regretting that the act precluded the imposition of hard labor.—*Med. Times and Gazette*.

YELLOW FEVER.—There were twenty-nine deaths from yellow fever in Havana for the week ending August 11th. The disease in Pensacola, Fla., seems to be limited to a few cases in the navy-yard. The city is protecting itself by means of a cordon, and little or no apprehension of an invasion is entertained by the authorities.

ESMARCH'S bandage was considered new, but Prof. Maconi, a hundred years ago, made use of exactly the same process for the purpose of emptying the blood-vessels of blood, and Galen did the same before amputations.

J. B. LIPPINCOTT, & Co. announce that the THIRD VOLUME of Agnew's Surgery, which brings this great work to a close, will be ready on September 1st.



**FISH AS FOOD.**—Sir Henry Thompson recently delivered a lecture on Fish as Food. It was an able summary of the known facts about fish, but Sir Henry went too far in his denunciation of the notion that fish-eating increases brain power as a "complete fallacy." (The Lancet.) It has long been perfectly well known to physiologists that the phosphorus theory must be discarded, but it is a fact beyond dispute that fish is a form of food which is easily digested and proves especially nutritive to the bodies of brain-workers. Sir Henry Thompson thinks that the only way it acts is by putting a man's body into proper relation with the work he has to do. This may be quite true, and doubtless is so, but the brain is an integral part of the body. Moreover, it comprehends a considerable number of the most important centers of the nervous system, whence the body as a whole derives its power. Therefore, in putting a man's body in proper relation with his work, fish may chiefly act by supplying his nervous system with specially available nutriment.

**KEEPING FLOWERS IN A BED-ROOM.**—Dr. Reklam, of Berlin, has expressed the opinion that the indispositions, in the shape of uneasy sleep, headache, etc., which are sometimes found to result from keeping flowers all night in a bed-room, do not arise from any special properties of the flowers. The effect is analogous to that produced on the eyes and ears by excessive light and by loud sounds, being, in fact, caused by a continual strain on the olfactory nerves. More or less similar consequences arise, it is remarked, from a bright light being kept burning in a bed-room, or from the noise of the wind or of vehicles passing by, the brain being disturbed from its wonted rest by these external influences. The moderate use of perfumes, it is argued, can not be regarded as injurious. — *Medical Times and Gazette*.

**ALTITUDE AND DRYNESS AS A PROTECTION AGAINST CHOLERA.**—During the last visitation of cholera which raged severely at Cairo, there was scarcely a case at Heloman, Egypt. This little town is situated on a plateau some two hundred feet above the valley of the Nile, nearly opposite the pyramids, and about ten miles from Cairo. It is connected with the capital by a railroad, and lies on the borders of the desert. There is, in consequence, no moisture there, while the extreme heat of the day is mitigated by

cool breezes, which always spring up in the desert at night. It is a bathing-place famous for its sulphur springs.—*Med. Times and Gazette*.

**CHARACTERISTIC CRYSTALS IN LARD AND TALLOW.**—Dr. W. T. Belfield has discovered that by dissolving fats in ether and allowing them to crystallize out, crystals characteristic of lard and tallow can be obtained. The lard crystals are rhomboidal plates with bevelled ends, while those of tallow are plume-shaped and curved like an italic letter *f*. This discovery will doubtless prove of value, by enabling the microscopist to distinguish for those interested the difference between pure lard and that which has received an admixture of stearine from the oleomargarine factories.

A CONSIDERABLE increase of the cases of typhoid fever in Paris is reported. There were one hundred and twenty-two admissions to the hospital in the week ending the 30th June, against seventy-two the previous week; and the deaths were forty-one against thirty-six.—*Med. Times and Gazette*.

**QUARANTINE AT SAN FRANCISCO.**—Fearing the introduction of cholera from China and Japan, the Board of Health has adopted a resolution that all Asiatic ports be declared infected, and that all vessels arriving from these ports be quarantined until the fullest examination be made.

THE German Government sends this week a scientific expedition to Egypt, to examine into the origin, nature, and cause of the cholera now prevailing there, and to ascertain the best measures for preventing the spread of the disease.

THE Chicago College of physicians has been sued by a student who was promised a graduate's diploma at the end of one year's study. The faculty declines to keep the agreement, which was made, they say, by an individual teacher.—*Med. and Surg. Reporter*.

**INFANTILE MORTALITY.**—Fifty-five children died of measles and hooping-cough on board the steamer Hankow during her voyage from London to the Sandwich Islands.—*Med. Times and Gazette*.

THE FOURTH of the series of articles on cholera, by Prof. T. S. Bell, will appear in our next issue.



# The Louisville Medical News.

Vol. XVI. SATURDAY, AUGUST 25, 1883. No. 8.

LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - - } Editors.

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## VALUE OF PHYSIOLOGY IN THE PRACTICE OF SURGERY.

It will doubtless be conceded by all that no branch of science has contributed more to the advancement of practical medicine than physiology. The discovery of the circulation of the blood by Harvey, the unfolding of the phenomena of digestion by Beaumont and his followers, and the more recent investigations of the mechanism of the nervous system by many observers of our own time, have each in turn marked an epoch in practical medicine. Indeed it may be truthfully said that physiology has brought to light scarcely a fact relative to the phenomena of the human organism which has not been immediately seized on by workers in practical medicine and made to do service in the diagnosis or therapy of disease. In short, from a review of the literature of modern practice and therapeutics, it is evident that without physiology these branches of medicine would be little more than shrewd guess-work as to diagnosis and prudent empiricism in the treatment of disease.

But while the relation which physiology sustains to medicine is plain, its application to surgery is to many minds not quite so clear, and for this reason the details of the following case, with comments, which is

made the basis of a very instructive article by Mr. Wm. Savory, F.R.S., in the *Lancet*, will doubtless prove interesting. Some time ago a man was admitted into St. Bartholomew's Hospital with aneurism of the second and third portions of the right subclavian artery, Mr. Savory and other surgeons being in attendance. In discussing the plans of treatment open to the surgeon in this case, the question of placing a ligature on either the axillary or common carotid, or on both of these vessels, was considered, when it was discovered that pressure upon the carotid produced a marked diminution in the pulsations of the tumor, while pressure upon the axillary had but slight effect upon it. On this ground the ligature of the carotid was for a while generally approved, when, in demonstrating the effect of pressure on this vessel by physiological experiment, it became obvious that the sudden and striking reduction in the frequency of the pulsations of the aneurism was directly due to an effect produced upon the heart through irritation of the pneumogastric nerve. This explanation was not, however, accepted by all until the reduction, not only of the frequency, but also of the force of the pulsations, was clearly made out, and the truth of the proposition confirmed by the production of a like effect through pressure on the vessel of the opposite side.

Attention is called to the fact that this phenomenon was noted by Waller more than twenty years ago, who was able, by pressure of the fingers at the highest point of the neck behind the ramus of the lower jaw, to produce symptoms which were easily recognized as due to irritation of the vagus. The pulsations of the heart were first increased with a diminution of power; after this its action was retarded some four or five beats to the minute, and this was followed by syncope when the pressure was continued. In these observations Waller demonstrated by careful experiment that this effect on the heart could be brought about independently of pressure on the carotid, and also that the current of blood



might be completely interrupted without producing the symptoms herein enumerated.

Allusion is made, in passing, to the well-known dangerous experiment of Czermak, who, by pressing the vagus against a small osseous tumor in his neck, was able to stop the beating of his heart.

An observation to the point, made by Sir William Ferguson in 1841, and one which shows how physiology and surgery may be reciprocal in their relationship, is also noted.

In considering the question of an operation for the relief of aneurism of the innominate, in a case then under his charge, Sir William found that, while pressure on the subclavian outside of the scaleni muscles affected but slightly the pulsations of the aneurism, they were notably diminished by pressure upon the right common carotid, and that the pulsation ceased almost entirely when both carotids were pressed upon. The tumor rapidly diminished in size, and the skin over it became wrinkled.

The carotid was tied, in this case, for reasons based upon the anatomical relations of the aneurism, but not until after the surgeon had satisfied himself that stoppage of the blood-current in this vessel did not affect the aneurismal pulsations, as pressure on it had previously done.

Sir William supposed "that the pressure caused its peculiar effects by its influence on the brain and the action of the heart, or *vice versa*," without recognizing the influence of the pneumogastric nerve in the case.

It will be seen that while Sir William Fergusson was not able, at that early date, to reach the true interpretation of these facts, the value of the accurate record which he made of them stands demonstrated, as we read the history of this interesting case in the light of modern physiology. He was able to give a timely hint to the physiologist, which to-day stands discovered in a grand physiological fact, the recognition of which in the case above noted did, and in many others may, save the surgeon

from performing a useless and dangerous operation.

Though this article is longer than we intended, we can not but call attention to a few points which have suggested themselves in passing:

1. That while the cardio-inhibitory fibers of the pneumogastric respond readily to direct stimulation along the course of the nerve, from mechanical irritation, electricity, etc., or possibly from lesions or circulatory disturbances in the inhibitory center of the medulla, there is also reflex irritation to which it answers with equal readiness. This is familiarly demonstrated by crushing the frog's foot or striking the exposed mesentery or intestine, which immediately stops the heart in diastole. It is also illustrated in man through fainting under severe pain, and by other phenomena of shock.

2. That it is well known to the physiologist that atropia promptly paralyzes the cardio-inhibitory apparatus, permitting the heart for a time to do its work in spite of outside disturbances, and while advantage is often taken of this action of the drug by the physician in the treatment of opium-poisoning, and various pathological conditions which are wont to be accompanied by heart failure, it is given with the idea that it is a cardiac stimulant merely, its influence over cardiac inhibition being overlooked.

3. That while the surgeon makes use of the drug as a cardiac stimulant in relieving shock from injuries or capital operations, and recommends it even in forestalling the dangers of undue depression from chloroform or ether, it has never come into general use as a preventive of shock during surgical operations.

If the part played in the production of shock by reflex cardiac inhibition were more generally recognized, it is probable that no patient would be submitted to any major surgical operation until he had been put under the influence of atropia, since it is impossible to note the effectual manner in which this drug supports the frog's heart



against the reflex disturbances couched in the abuses above described, without having the conviction forced upon us that, in all great surgical operations—especially such as are performed in the abdominal cavity, ovariectomies for instance, where the patient is for a long time under the hand of the surgeon, and where consequently death from shock is not uncommon—atropia ought to be a certain prophylactic against its occurrence.

This suggestion can scarcely be called theoretical. The power of atropia to prevent reflex cardiac inhibition in great operations upon the frog stands demonstrated. It now remains for some enterprising surgeon to prove or disprove a similar action for it in man.

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THE MANAGEMENT OF ABORTION. By Walter Coles, M.D. Read before the St. Louis Obstetrical and Gynecological Society, April 19, 1883. Reprint from St. Louis Courier of Medicine, August, 1883.

REPORT ON DISEASES OF WOMEN, FROM THE FIRST CONGRESSIONAL DISTRICT. By R. J. Nunn, M.D., Savannah, Ga. Reprint from the Transactions of the Medical Association of Georgia. J. P. Harrison & Co., Printers, Atlanta, Ga.

WEEKLY HEALTH BULLETIN for week ending Saturday, August 4, 1883. Issued by the Provincial Board of Health of Ontario. Dr. H. P. Bryce, Secretary.

ILLUSTRATED MEDICINE AND SURGERY, Vol. II, No. 3, July 1883. Quarterly. Edited by Geo. Henry Fox and Frederic R. Sturgis. New York: E. B. Treat, No. 757 Broadway.

This number contains the following articles: Plastic Operation on the Face, Alfred C. Post, M.D.; Double Congenital Dislocation of the Hip, Henry B. Sands, M.D.; Sarcoma of the Anterior Mediastinum, C. F. Bevan, M.D.; Cancer of Breast, Ulceration and Dissemination of Nodules, G. H. Fox, M.D.; Malformation of the Extremities, J. H. Pooley, M.D.; Operative Treatment of Bow-leg and Knock-knee, Chas. T. Poor, M.D.; Still Birth from Unusual Cause,

E. T. Partridge, M.D.; Apparatus for Fracture of Lower Jaw, J. S. Wight, M.D. The articles are well written and freely illustrated, the excellence of the large colored plates which form a prominent feature of the publication being fully maintained.

AMERICAN JOURNAL OF INSANITY. Vol. XL, July 1883, No. 1. Utica: N. Y. State Lunatic Asylum. Jno. Wiley & Son, Astor Place, New York.

We congratulate our old friend upon its ripe age and wide sphere of usefulness, and wish it God-speed as it begins its fortieth volume. No journal in this country has done more for the advancement of the specialty which it represents.

FISH AS FOOD. By Sir Henry Thompson. One of the papers of the Conferences of the Great International Fisheries Exhibition. London: William Clowes & Sons, 13 Charing Cross, S. W.

This is a practical and common-sense discussion of an important question, by a gentleman of high scientific attainments. The subject is viewed from a physiological standpoint, and the advantages of a fish dietary over one of flesh for certain invalids, the aged, and men of sedentary habits, would seem to be made plain. In fact, the reader will find the address interesting throughout, thoughtful, logical, perspicuous, and graceful, as the compositions of its distinguished author are ever wont to be.

A few extracts from the address may be found among our selections for this issue.

REPORT ON REGISTRATION OF THE PHYSICIANS OF LOUISIANA, in accordance with act of October 31, 1882. By S. S. Herrick, M. D., Secretary and Treasurer of the Board of Health of Louisiana. New Orleans: E. A. Branado. 1883.

A CONTRIBUTION TO THE STUDY OF NEGLECTED LACERATIONS OF THE CERVIX UTERI AND PERINEUM. By Thomas A. Ashby, M. D., Professor of Obstetrics, Woman's Medical College of Baltimore, etc. Read before the Clinical Society of Maryland, May 4, 1883. Reprint.

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HOT WATER.—If your doctor prescribes hot water for your dyspepsia, and it does no good, do not throw it up to him.—*Padman.*

BORAX is one of the best of roach exterminators. It should be powdered and sprinkled around infested places.



## Correspondence.

### LONDON LETTER.

*Editors Louisville Medical News:*

Last week the sessions at the various hospitals closed, and examinations are now being held. The board of examiners for membership of the R.C.S. has also been in session for some time, and at last report more than fifty per cent of the applicants (a good many of whom were Americans) had been *plucked*. The operations at the hospitals, however, were of more than usual importance.

At the University College Hospital, Mr. Heath amputated an arm at the shoulder-joint, together with the entire scapula, and a portion of the clavicle, for osteo-sarcoma; the patient, a lad eighteen years old, was doing very well indeed, to-day. He also removed the left half of the tongue, for epithelioma, of a man forty-seven years old; the operation was done through the mouth, with scalpel and ecraseur, ligating several vessels with catgut. An operation for entogonyancon, patient fourteen years old, was done by making an incision down to the bone, just above the condyles, and cutting the bone with a chisel sufficiently to insure its fracture easily and at the right place, then snapping the bone in two; the limb was dressed in Dr. Hamilton's apparatus. He also amputated a thigh at the upper and middle thirds, and another in the lower third. At the same hospital Mr. Hill operated for "secondary aneurism" in the axilla; the sub-clavian was ligated for primary aneurism two years ago; the operation was very tedious, and the loss of blood enormous; the tumor was cut down upon and laid open without any attempt at ligation or compression. He also operated for vesico-rectal fistula of several years standing.

At the London Hospital Mr. Tay trephined the right parietal bone a little above and anterior to its center, at the seat of an old injury, to relieve a man thirty-eight years old of epilepsy. At Middlesex Hospital Mr. Lawson operated for strangulated (?) hernia; the patient had never vomited nor failed to pass his feces; the sac was laid open and a quantity of somewhat congested omentum removed.

At Guy's Hospital Mr. Bryant operated for stone by the *semi-lateral* method, entering the membranous portion of the urethra, using a very slightly curved staff. At the

same hospital Dr. Durham removed an adenoid tumor of the breast, and in his lecture advocated very strongly the importance of removing all tumors of the breast as early as possible, regardless of their character. The senior-house surgeon, Dr. Simson, removed the tongue entire, of a man forty-four years old, for epithelioma of a few months' existence; the operation was done through the mouth, with scissors, hemorrhage being controlled by torsion, except in one vessel which was tied. Just before the completion of the operation the man stopped breathing, and after artificial respiration and elevation of hips and lower extremities seemed a failure, the doctor performed tracheotomy and introduced a tube so dexterously that it brought forth a general cheer; the patient soon began to whistle through his neck.

At King's College Hospital Prof. Lister operated for ventral hernia, three inches below the umbilicus, caused by suppurative peritonitis. He made an elliptical incision down to the sac which was carefully dissected out and the edges of the peritoneum were very carefully brought together, by the modified glover's stitch, with fine catgut; the external wound was closed with a few large catgut sutures. He also operated for cleft palate, hemorrhoids, and a tumor of the breast. At the same hospital Mr. Smith amputated the thigh, and operated for a fractured patella by bringing the surfaces together and uniting them with silver wire. He also operated three times for fistula in ano.

At the Royal Ophthalmic Hospital (Moorfield's) the number of operations, as usual, was large and varied. The above operations were noted at *one* visit to each of the hospitals.

WILLIAM HARVEY HARDISON.

### AMERICAN DERMATOLOGICAL ASSOCIATION.

*Editors Louisville Medical News:*

The Seventh Annual Meeting will be held at the Sagamore House, Green Island, Lake George, on Wednesday, Thursday, and Friday, August 29th, 30th, and 31st. Papers will be read by the following gentlemen: Drs. Piffard, Hyde, Graham, Stelwagon, Robinson, Duhring, Atkinson, Sherwell, Bulkley, and Van Harlingen.

ARTHUR VAN HARLINGEN, M.D., *Sec'y.*



## Translations.

FISH AS BREEDERS OF THE BOTHRIOCEPHALUS LATUS.—Dr. J. Comby. (Translated from *Le Progrès Médical*, by M. A. C.): The bothriocephalus latus, though more rare in Paris than the unarmed tenia, is, however, not infrequently met with in this place. At the Hospital Medical Society, on the 25th of March, Mr. Tenneson presented three specimens of the bothriocephalus, all from the same patient, and Mr. Duguet a fourth.

The patients from whom these were obtained were natives of Geneva. In both cases the parasites were brought away through the action of the extract of male fern. Neither pomegranate rind nor pelletierine were given, because, in the opinion of these physicians, these medicines have less effect upon the bothriocephalus than upon the tenia solium.

The bothriocephalus is not a native of France. Whenever it is found here, it is certain that the individuals afflicted have lived for some time in Switzerland (especially in Geneva), or other states where the parasite is indigenous. It would seem to be especially common in regions about the large lakes of Russia.

Dr. Max Braun, of Dorpat, has published an excellent work upon the origin and transformation of this species of tape-worm. He found that the muscles and viscera of most of the pickerel sold in the markets of Dorpat contain the larvæ of the bothriocephalus. These fish abound in Lake Wirzjerw, Lake Peipus, and other smaller lakes in the vicinity of Dorpat. The same parasite was also found in the pickerel of Lake Ladoga, while the beautiful pickerel of Lake Novgorod were entirely free from its embryos.

Being anxious to prove that these fish give the bothriocephalus to the inhabitants of these regions, he made numerous trials at reproducing the parasite in dogs and cats. These trials not proving conclusive, he at length found three students of Petersburg who were willing to become the subjects of experiment. These gentlemen were first purged thoroughly, that the absence of bothriocephalus' eggs from their feces might be proved, after which they each swallowed certain portions of the infected fish, promising to abstain for a given time from hard water and fish of any kind. At the end of three weeks the students began to complain of disagreeable sensations in their stomachs, and their dejecta being

submitted to careful examination, large numbers of bothriocephalus' eggs were found. This experiment was conclusive, proving that the flesh of these fish is competent to produce bothriocephali in man.

Dr. Braun admits that while pickerel only seem to be the source of the parasite in his country, it is probable that these and other fish in various parts of the world are competent to give bothriocephali and other tape-worms to man. This, however, is but one test experiment, and until others are made the physician must content himself with less satisfactory evidences of the source of the parasite, derived from clinical study. At Geneva the spotted salmon and another species (*coregonus fera*) are suspected of communicating the parasite, and it is hoped that the physicians of this place will follow the example of Dr. Braun in further elucidating the genesis and development of the bothriocephalus.

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## Selections.

A SUITABLE FOOD FOR THE AGED.—The question of age in relation to food, respecting which a volume would be necessary for the adequate consideration, must also be rapidly glanced at here. During the period of early growth, the supply of food both in nature and in quantity must be selected to correspond to the demand. During the period of middle life, that of maximum activity of all the functions, the nature and amount, as already intimated, of that activity must govern the selection of our dietary on principles which have already been explained. Then inevitably comes with advancing years the stage of diminished force, diminished activity, and the love of rest and quiet. The popular belief holds with curious tenacity, that the failing power of age demands increased sustenance by food. This erroneous doctrine ignores the important fact that sometimes the digestive powers, but more generally and obviously still, the ability to eliminate food unnecessarily consumed, are notably diminishing. Hence the appearance of a crowd of chronic troubles peculiar to the latter third of life, and to a great extent avoidable. So far from continuing to select the strong nourishment which may have been necessary during the toil-anxieties of thirty years or more of adult energy and activity throughout the prime of life, the elderly man, who desires to preserve



fair health and to attain to longevity, should gradually diminish his use of strong nitrogenous and much fatty food. He should substitute a lighter dietary; one in which the best forms of fish may suitably hold a conspicuous place. He subsides naturally, and more or less gradually into the class of the sedentary, and adopts the regimen best adapted thereto.—*Sir Henry Thompson, Address before the International Fisheries Exhibition, London, 1883.*

**DIET FOR BRAIN WORKERS, AND OTHERS OF SEDENTARY HABITS.**—It is the habit of adopting meat as the chief element of his dietary, which the sedentary man, with little opportunity for bodily exercise, the man who uses his brain more than his muscles, should especially avoid. Equally, also, should he abstain from fatty matters in large quantity, taking only a moderate proportion, which is not only permissible, but necessary to that extent. For if he habitually consumes these two classes of food freely, materials are introduced into the system which it can not eliminate, and which must ultimately obstruct the function of some internal organ. Thus the periodical bilious attack, or the recurring fit of gout, or some other relentless tormentor, clears the system for a time of the offending matter which the daily error in diet is perpetually reproducing and accumulating. Those who are thus affected often endeavor to ward off their troubles by systematic muscular exercises, fencing, rowing, and the like, and they do so with a certain amount of success. It is for the purpose of getting rid of superfluous nutritive materials that others (who may be wholly unconscious of the need which impels them) secure their yearly shootings, make Alpine excursions, or seek the mineral springs of a foreign spa; contrivances, all of them, for effecting the required elimination once or twice a year by a method more or less agreeable, but which would not be necessary had food suitable to a sedentary life only been taken. Many a man might indeed safely pursue a sedentary career, taking only a small amount of exercise, and yet maintain an excellent standard of health, if only he were careful that the "intake" in the form of diet corresponds with the expenditure which his occupations, mental and physical, demand. Let him by all means enjoy his annual pastime, and profit by it, to rest his mind and augment his natural forces, but not for the mere purpose of neutralizing the evil effects of habitual dietetic wrongdoing.

It is for this large and increasing class of the community, who are emphatically brain-workers, that fish furnishes an appropriate food; and when we reflect that the tendency of civilization here and elsewhere is slowly but surely to develop mental activity and to dispense with laborious handicraft, that all advance in individual as well as corporate well-being is commensurate with, and indeed is effected by the substitution of brain-work for mechanical labor, we may see in this great and systematic investigation of the world's fish-supply, a notable sign of the times. I regard it as a natural and necessary product of an advancing civilization, as the inevitable result of the age and its needs, and certain to have been evolved thereby sooner or later.—*Ibid.*

THE sole, the whiting, and the smelt are the most delicate fish in flavor, contain the least nutritious matter, and are the easiest of digestion, fitting them admirably to the invalid commencing after illness to make a trial of solid food; the two former being also susceptible of very varied treatment in high-class cooking for the production of elegant entrées. The turbot, rightly esteemed, is stronger food and agrees well with most persons. The cod for some is not quite so readily taken; but is not only more palatable but is sometimes more easily assimilated when "crimped." The same may be said of the salmon, a leading characteristic of which is the presence of fat. This element in fish is more apt to disagree with the stomach than fat from other sources; and on this account it is that many either avoid or eat sparingly of salmon. As the fat is chiefly found on the under side of the fish, a slice from the back only should be taken by such persons; and in the fresh crimped fish the fat is in a more wholesome state than when, on the second or third day after leaving the water, it becomes oily and acquires a slight characteristic taste and odor.

The mackerel is another oily fish, and it disagrees with some persons accordingly; so is the red mullet, but the oil is chiefly in the liver, and gives the fish its peculiar flavor and value.—*Ibid.*

**COAGULATED SKIM-MILK, BUTTERMILK.**—From a valuable editorial article in the *Canada Lancet*, on the Therapeutics of Buttermilk, we quote the following: Coagulated skim-milk differs but little from buttermilk in its chemical condition. It probably contains about the same quantity of fat. It is,



of course, richer in casein, and herein lies the principal difference. In fact it is almost a perfect substitute for buttermilk, after being treated in the same manner as the contents of the cream-crock, that is, agitated so as to break up and thoroughly reduce the curds, and make the whole light and frothy by admixture with the atmosphere. Not long since a lady of our acquaintance hit upon the above plan to satisfy the longings of an invalid for buttermilk, and it is to that circumstance that this article owes its origin. The season being winter, buttermilk was unobtainable. The milk was coagulated by being put in a warm place. It was agitated by a revolving egg-beater until it was light and frothy. Sour milk thus treated tastes exactly like fresh buttermilk. In view of the fact that buttermilk is hard to get at certain seasons, the value of the proposed substitute becomes apparent.

The first process milk undergoes in the stomach is the coagulation of the casein. In sour milk this is already accomplished, and that too in a more satisfactory manner. Sweet cow's milk coagulates in the stomach in the form of semi-solid cakes, which many stomachs are unable to reduce to a proper state of subdivision. In sour milk, on the contrary, the curds are loose and flaky, much resembling the curdling of human milk, which may be seen in the vomit of the over-fed infant at its mother's breast. The digestion of sour milk is made still more easy by the process of churning, by which the flaky curds are reduced to a state of fine subdivision.

Long experience has demonstrated the superior digestibility of buttermilk, and this inquiry simply furnishes the reasons. Buttermilk is a true milk peptonoid—that is the fashionable word of the day—milk already partly digested. The range of its application is therefore wide, and but little restriction need be observed in its use. It is good food and drink for young and old, sick and well. Being food, it ought not, by any one, to be taken between meals. This practice accounts largely for the common belief that buttermilk disagrees with many persons. Being an agreeable drink, it is often too freely used. Sick persons, who partake of little or nothing else, may partake much of tender and more freely. Although containing about the same quantity of nutrition as sweet milk, yet patients appear to be able to consume with ease at least double the quantity of buttermilk.

Buttermilk has at least three therapeutic

properties more or less marked. It is a decided laxative to the bowels, and this fact should be borne in mind in the treatment of typhoid. This affords a hint for its use in habitual constipation. Buttermilk is a diuretic and may be prescribed with advantage in some kidney troubles. Owing to its acidity, combined with its laxative properties, it is believed to exercise a gentle impression on the liver. It is well adapted to many of the cases where it is customary to recommend lime-water and milk. It is invaluable in the treatment of diabetes, either exclusively or alternating with skim-milk. In some cases of gastric ulcer and cancer of the stomach it is the only food that can be retained.

**WATER CRESSES IN ECZEMA.**—According to M. Chatin, in *Gaz. Hebdom.*, cress contains an essential oil of which the base is allyl, a bitter extract, iodine, iron, phosphorus, and certain salts. M. N. Gueneau de Mussy reports the case of a woman of sixty years who had been unsuccessfully treated, for fifteen years, for chronic eczema. The eczematous eruption had attacked the tongue and rendered deglutition painful and difficult. After using arsenic and other remedies without result, a large quantity of water cresses was prescribed every day. In five months there was very decided amelioration of the symptoms, and the eruption had entirely disappeared from the tongue. This prescription was equally efficient in another chronic case.—*Med. Times.*

**GRUBS IN THE INTSTINES.**—Dr. Wacker has published the case of a boy, aged twenty-one, with colicky pains, fullness of epigastrium, constipation, and frequent fits of nausea and tendency to syncope, especially when in a close atmosphere, such as that of his cottage or a stable. Dr. Wacker prescribed some Hunyadi János water, to be taken every morning on an empty stomach. On the third day a vast mass (over two liters) of larvæ, partly alive and partly dead, was passed from the rectum. The patient at once recovered, feeling no more unpleasant symptoms, even when in a hot room. On examination, the grubs were found to be larvæ of a common dipterous insect, *anthomyia cuniculinæ*, closely allied to the house-fly and blue-bottle fly.—*Med. and Surg. Reporter.*

ALCOHOL has been truly called the "genius of degeneration."



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, SEPTEMBER 1, 1883.

Original.

CHOLERA: ITS ORIGIN AND BEHAVIOR.

BY T. S. BELL, M.D.

*Professor of State Medicine and Sanitary Science in the University of Louisville.*

There are few labors more rewarding in teaching invaluable knowledge, in correcting misconceptions, in guarding the mind from straying into devious and tortuous paths, than those employed in searching the ancient records of Practical Medicine. The very wisest among us may sit at the feet of Hippocrates and gather material for the warfare against disease. We are, at least, secure against the erratic frivolities of guess-work in endeavoring to find the cause of disorders. It is best to look at disease, whose cause lies beyond our ken, as those ancient masters did, and combat the symptoms. They observed facts, and let the inscrutable alone, and thereby avoided absurdities. They never even dreamed that sickness was imported from other countries, nor that it was sent by the gods. What a blessing it would have been to humanity if such truth had been accepted always. How beautifully does Oliver Wendell Holmes, the great poet of our profession, recognize the origin of the labors of Hippocrates in building the Temple of Medical Science:

"See where aloft its hoary forehead rears  
The towering pride of twice a thousand years!  
Far, far below the vast incumbent pile  
Sleeps the gray rock from art's Egean isle;  
Its massive courses, circling as they rise,  
Swell from the waves to mingle with the skies;  
There every quarry lends its marble spoil,  
And clustering ages blend their common toil;  
The Greek, the Roman, reared its ancient walls,  
The silent Arab arched its mystic halls."

We need not go back to the medieval era and contrast it with the ancient records—a

contrast of darkness with light, of wild, bewildering and utterly confusing chaos with clear, substantial, and healing lessons. If "the game were worth the candle," we should be better employed in comparing our own era, from 1830 down to the present time, with the absurd crudities of the devastating years of "Black death," "Sweating sickness," and "Dancing madness," as portrayed by Hecker. He indeed seemed to have imbibed, in an eminent degree, the spirit of the dreams that he recorded. Are not men now horrified with the idea of receiving any thing from Egypt, under the absurd idea that cholera may be wrapped up in a rag and let loose on this continent. Even packages of material for the paper-makers, under the fear that it may have come from Egypt, must not be landed on the American coast for fear of direful consequences. We have seen that the army of the Marquis of Hastings, terribly scourged with cholera, and tracked from the banks of the river where the disease was acquired to the hills of India to which his army fled by the skeletons of his soldiers that fell on the way, did not convey the disease to the people of the hills. When the army left the local condition that gave origin to the disease it utterly lost its power to produce it at any new place. We have clearly seen that the ship *Mangles*, in 1814, devastated with cholera at sea, could not impart the ravages of the disease to the southwestern coast of Africa, where the vessel landed with the disease on board. In 1832, 1833, and 1849, there were hundreds of people in this city who nursed the persons afflicted with the disease, with no more apprehension of catching it than they have of catching a toothache from a person suffering with that agony by passing him in the street. It has been indubitably shown, that of the hundreds who were with the sufferers in the calamity on Market Street between Tenth and Eleventh,



not a single one ever had any sign of the disease. Of the millions who have died with it, *not one ever took the disease, except by sleeping at night near the ground*, or contiguous to the cause. I have had every means that any man can have for learning every thing about this disorder that can be known. I never knew it to attack any person who habitually slept up-stairs in a second or third story of a clean house. I have known it to attack the persons in a row of buildings, on what is called the floor, near the ground, while every occupant in the second stories in the row of buildings remained as free from the disease as though it was not within a hundred miles of them. In an experience of fifty years in wrestling with the endemic, I have never known a departure from the facts inculcated in these two principles. Take one example from many hundreds: In 1866, Dr. Lieber, of this city, requested me to see a German family with him, on Hancock Street, between Jefferson and Green streets. One child was already dead; the father and another child were collapsed and dying. The family living up-stairs, occupying rooms immediately over those in which these deaths occurred, helped to nurse the sufferers, to shroud and prepare them for burial, and they were perfectly free from any sign of disease. The wife was the only one of the family left alive. We had her cinchonized with enemata of quinine, and she was saved. The rooms were very neat and clean; the alley which was paved, running along the side of the house, was dry and clean, the back-yard was very clean, and contained a mass of growing vegetation in excellent condition. Dr. Lieber and myself opened the cellar, under the room of the dying man, and there we found the cause. A pile of damp wood in a decaying condition was used to prop up beer kegs, and the cause of the destruction of this family was self-evident. Those were the only cases in all that part of the city. Another striking instance of the law of this poison, that it strikes those who sleep at night near the ground, I reported, in 1833, in an account of the endemic at Simpsonville, twenty-two miles from Louisville. It was on the turnpike road, leading from Louisville to Frankfort. That was the year of the dreadful endemic of cholera at Lexington, Ky. Mr. Dabney kept a hotel at Simpsonville, and was one of the most noted hotel keepers in the State. The stage horses were kept at his stables, the stables being near his residence. In very hot weather

the stables and stable-yard were cleaned out, and many cart loads of this material were hauled out and spread out on a sloping part of his farm, opposite his dwelling. The cholera was quite sharp in Simpsonville, and it assailed the home of Mr. Dabney. He was the only one of his family who slept down stairs, and he was the only one of his family attacked. There were other cases in Simpsonville, which I recorded in the Transylvania Journal of Medicine, each of which strongly bore testimony to the fact that the disease is due to solar temperature of over a daily mean of 60° for two months, moisture, and decaying vegetable material; but I forbear to call them up now because of the pressure of other cases. But I hope that, in relation to that record of cases in 1833, I may be pardoned for mentioning one incident in connection with Professor Caldwell. He had been my teacher in Transylvania. During the ravages of cholera in Lexington, in 1833, he was in Boston, filling an engagement. On his way home he came through Louisville, and called at my office. During our conversation, he said, "You and your old master," alluding to Dr. John E. Cooke, "are perfectly correct in your treatment of the disease, but are both wrong as to its cause." I had published in the preceding year the first paper on its malarial cause that had ever appeared. I had become convinced, in 1833, that cure of the disease was impossible. I replied, "Are you the author of the paper in the Transylvania Journal of Medicine reviewing the Cholera Gazette of Philadelphia?" He said, "Why do you wish to know?" I said that "I wished to answer it, and wrote to the editor for permission, and did not receive it." "Well," said Professor Caldwell, "are you still desirous of doing this?" I at once said I was. He then said, "Prepare your paper; send it to me. It shall appear; but I promise you the severest thrashing that any man ever received." I said, "I cheerfully accept your terms." The paper was prepared with all the care that I could exercise, and sent to Prof. Caldwell, at Lexington. It was published in the Transylvania Journal, but I never received the promised thrashing, nor did I fear it. He had published an essay on malaria, which took the Boylston prize at Boston. In it he gave what was then considered the chief laws of that poison, its origin, and mode of action. In my paper, I ranged my cases, scattered over a wide expanse of territory, under each one of the laws Professor



Caldwell had mentioned, and added some important laws that belong to the poison. I thus reduced him to the necessity of repudiating his prize essay, of which he was justly proud, or of accepting the truth of the doctrine inculcated; nor can it be met. He had encouraged me to the study of this subject all through my course in Transylvania.

I promised, in my last, that I would demonstrate the truth, that cholera originates as I say it does, and I proceed to the fulfillment of that promise. In August, 1850, immediately after the great outbreak on Market Street the preceding July, his Honor, J. M. Delph, Mayor of the city, with whom I co-operated on the night of the 24th of July in the Market-street calamity, called on me on his way up Jefferson Street, and asked me to go up to the corner of Jackson and Jefferson streets with him. We went together. I wish the reader to carefully note each point. There are four frame buildings on the south side of Jefferson, extending down from the west side of Jackson Street. On the north side of Jefferson, immediately opposite these frame buildings, were excellent brick houses, kept in a clean and good condition. The owner of the frame houses on Jefferson, had made shallow lots back of these houses, in order to have a lot, south of the houses, fronting on Jackson Street. This lot had a depth exactly equal to the frontage of the houses on Jefferson Street. Jackson and Jefferson streets had been graded and paved high above the natural depth of the lots on which the houses stood, and the houses, old when they were put there, had been placed on piles, without filling underneath the houses. The lot fronting on Jackson Street had no fencing on that street, and the city carts had found it a convenient place for dumping their loads of garbage, street scrapings, etc. A German had leased the lot south of this, about three feet from the edge of the lot I have described, had built a frame cottage on his lot, and lived there with his wife and child. When the mayor and myself reached the corner of Jefferson and Jackson, southwestern side, we found that cholera had caused deaths in every house on both sides of Jefferson Street, just as far as the depth of the Jackson-street lot extended. We found the floors so rotten in the frame tenements that poles were pushed through them almost as easily as if they had been made of paper, and the pole went down into mud from three to four feet deep under the floors. There were many hillocks, surrounded with

water from the rains of July and August, in the vacant lot behind these houses. I stood in the German's house on the south side of this lot, and was able to easily reach the hillocks with a stick three feet in length. While death rioted beyond him, and crossed over to the north side of Jefferson Street, killing persons on both sides of the street just to the extent of the depth of the lot, going no farther up or down street, he and his family escaped, having no sickness of any kind. Why did these things occur? These were the only cases of cholera in all that region of the city. The south wind was the night wind of the locality. The poison was very close to the German's family, while it was fully fifty feet from some of the houses where it committed its ravages. The south wind wafted the poison into the houses fronting the unfenced lot, across Jefferson Street, and the scenes of the disaster were precisely the measure of the depth of the lot. The poison was carried away from the dwelling on the south side of the lot, and the German and his family were saved. A storm of wind would have dispersed the poison, but a breeze carried it very gently, and its ravages were fatal. All this occurred in that locality and was limited to it exclusively. Nothing of the kind occurred above nor below it, nor south of it.

The hillocks were leveled and deeply covered with sand, the floors of the frame houses were torn up, and the holes beneath the floors were filled up with sand; and thus the cause was removed. The ravages ceased under these sanitary measures, and from that time, about thirty-three years ago, down to the present moment, there has not been a more healthful part of the city than that in which these ravages took place in 1850. We did nothing to the north side of Jefferson Street. That part of the street had nothing to do with the formation of the poison. It received it as it was blown by the south wind from the place where it originated. We rendered a repetition of the origin impossible, and that closed the warfare with cholera for that season and forever at that place.

Dr. Robinson, of Manchester, England, details an interesting case that occurred at Liverpool. A vessel, after a long voyage, reached a dock at Liverpool, and was fastened to the wharf. During the night the captain was awakened to the fact that his crew, on the side of the vessel next the shore, was dying with cholera, the crew on the other side of the vessel being perfectly free from any thing of the kind. The ves-



sel was speedily detached from the shore and warped out to sea, where the disease was arrested. During the day, another vessel reached Liverpool, and was fastened to the dock that had been occupied by the other vessel. During the night there was a repetition of the scenes that had taken place on the other vessel. The crew on one side of the vessel were dying with cholera, while those on the other side were perfectly free from every thing of the kind. This vessel was speedily removed and the disease ceased. An investigation revealed the fact that a foul sewer of the city was choked up so that its liquid contents could not run out. Its pestilential air ravaged the sides of these two vessels next to it with cholera, while Liverpool was free from any thing of this pestilential character. The sewer was opened, thoroughly cleansed, and with that these one-sided ravages were stopped. Dr. Robinson deserves great credit for gathering and preserving these conclusive facts demonstrating the local origin of the disease, its night attacks among those who slept in the air poured out by that sewer, and the exemption of those who slept on the opposite sides of the two vessels. There were no attacks during the day; they were at night, and confined to those who slept in the air from the Liverpool sewer; and when the vessels were removed the disease ceased. In the presence of such facts as these, how crude, absurd, and contemptible are quarantines!

I now summon a witness who is clear, precise, and definite on the subject. There is no uncertain note in the voice of this witness. There is no hesitancy nor double dealing in the utterances. The testimony gives a lesson in sanitary science by which the whole earth might profit. The measures that were successful at that spot could be equally as triumphant and beneficent in any part of the earth. After surveying it, I beg the reader to carefully note the contrast in the neighborhood of the saved city, and let the truths in each case make an indelible impression on his memory. The facts, to borrow from the Apostle Paul, are profitable for self-teaching, for reproof, for correction, for instruction in healthfulness, that each citizen may be complete, furnished completely with every good work. Is it not the duty of good citizenship to be thus furnished? But to the testimony:

On May 21, 1849, Dr. Monmonier, Health Officer of Baltimore, addressed a letter to the mayor, calling his attention to the deplorable condition of the city and the impending

danger of a cholera visitation. It already existed in New York, Philadelphia, Wilmington, and there were general bowel complaints in Baltimore. On the 24th of May an appropriation of \$5,000 was placed in the hands of the Board of Health. Dr. Monmonier says this would have been but a drop in the bucket, but for the active, energetic exertions of nearly every citizen to cleanse the city from every sanitary nuisance. The determination was general, that if cleanliness could save Baltimore, it should be saved. There were over one hundred and sixty-nine thousand inhabitants in Baltimore. The city was thoroughly cleansed except at two spots, one unknown at the time, the other beyond the control of the Board of Health. By the time this cleansing work was accomplished, cholera was ravaging not only the places I have named, but Richmond, Va., Sandusky, Toledo, Chicago, and Cincinnati, thus showing that the precautions of Baltimore were taken in good time. Up to the 7th of July Baltimore continued to rejoice in her health. A wealthy merchant of the city had purchased a farm, between three and four miles north-west of Baltimore, and erected a spacious mansion on it. But, soon growing tired of a rural life, he sold it to the city for an alms-house institution. Two additions were made to the house, giving it a frontage of eight hundred feet. Four acres connected with the house were inclosed with a brick wall, and within this a hospital for negroes was erected on the east side; on the west side a four story building was constructed. This house had but one opening in the rear, a door leading into the yard. The east and west sides of the building were bountifully supplied with windows. There was a cess-pool between the rear end of the building and the inclosing wall. Along this northern wall were three small houses. In one was conducted the washing of the clothes of the inmates of the alms-house, in another the dead were washed, the third was the men's privy. I hope that the reader will carefully carry all these points in his mind. Outside of this north wall was a piece of ground seventy feet wide at the northeast corner, dwindling down to a width of nine feet at the northwest corner. Dr. Buckler felt that he had performed his duty thoroughly. He had the interior walls and ceilings of all the buildings washed with soap-suds, and white-washed. On the 7th of July cholera began its ravages in the alms-house, and they increased day by day. On the 19th of July



he called a meeting of the governors of the house, and proposed that they hire tents and camp the inmates out on a farm of two hundred acres. The governors adjourned without doing any thing. After the adjournment Dr. Buckler walked on the outside of the building, and reached the southeastern corner of the building. As he cast his vision along the wall about the negro hospital, he made a discovery. He went to the spot, finding a very filthy pig pen, and the cess-pool had overflowed the ground. From that point he walked to the northeast corner of the wall and surveyed the piece of ground, seventy feet in width here; it was full of rank-growing weeds, which deposited their leaves upon the wet ground, and this was found to be the case down to the part that was nine feet wide. The three houses along this north wall poured all their slops so as to have them run upon the ground outside the wall. Dr. Buckler felt that he had found the cause of the disaster to the alms-house. One other point needed clearing up. In the four-story building, with only one opening, a door, in the north side of the building, there were seventeen lunatics on the ground floor. Every one of them died with cholera. There was not another death in the building, although all the floors were occupied by inmates. Over the first floor, where all the lunatics died, there was an equal number of lunatics, but they all escaped. Dr. Buckler examined the space between the building and the wall, and discovered that the cess-pool had overflowed all the ground at that spot. England does not permit the existence of a cess-pool in her dominions. At the beginning of the cholera, there were six hundred and thirty-two inmates. There were fifty-three discharged, sixty-two eloped; there were ninety-nine deaths from cholera. The wind from the north blew the poisonous material through the three openings in the north wall upon the sleeping inmates. Among the ninety-nine that died with cholera there was not a recent admission; all were old inhabitants of the house.

Dr. Buckler secured help among the "night workmen" of Baltimore. They cut trenches across the space I have described, beyond the wall, attached a hose to the mill, washed the place thoroughly clean, and covered it with fresh dirt. The cess-pools and pig-sty were cleansed, and the disease entirely ceased. Dr. Buckler vindicated the truth of his judgment: he had found a cause that produced the disease; which,

when modified, modified the disease, and which, when removed, removed it.

Now let the reader compare Baltimore with this state of things at her alms-house. Among upward of one hundred and sixty-nine thousand inhabitants there were but three attacks. Two of them were an old German woman and her son, on the Patapsco river. The attempts to get them to move were futile. The Board of Health could not force them from their premises. It was confidently believed that they would die, and they justified the prediction. The third, and only other death from cholera among the citizens, was a bachelor who lodged in a room opposite the City Hall. A very filthy alley, with a closed gate, ran along side of his sleeping apartment. A window opened upon this alley, and this sleeper died with cholera. In the rest of the city there were no other cases. Every city on earth can defend itself from cholera, as Baltimore did in 1849, with the same methods.

In the presence of these indisputable truths, a great government, of the most intelligent people on the earth, has its hair set on end by the possibility that rags sent to paper-mills in this country may have come from Egypt. The Khedive of Egypt can go into the hospitals and talk with the cholera patients—but we must be careful of rags. The demand is made that the rags shall not be landed, but sent to some desolate island and burned. Do these lunatics suppose that this is sufficient? What is to be done to the vessel and the living crew that brought the rags across the ocean? If the rags are perilous, are those who lived with them and brought them to this country harmless? In the face of what Neibuhr calls the "unspeakable spirit of this absurdity," why do not some of these madmen in sanitary matters order that the vessel shall be freighted with dynamite, require it to be exploded, and blow vessel, crew, and rags to atoms? And shall we not, while in this chimerical mood, proceed to blot out Egypt from existence, both present and future, and prevent her from ever being inhabited again? What right has she to vex the world more with this turnip lanthorn than Moses vexed Pharaoh with all the plagues inflicted on the land of Egypt? Shorn as she is of all her past glories, degenerate, miserable, wretched, and imbecile, the merest serf of slaves, kicked about like a foot-ball by those who desire to lord it over her remains, what right has she to become a scare-crow to the nations?

LOUISVILLE, KY.



## Miscellany.

ARRANGEMENTS have been made for the introduction of the cinchona into Guatemala, the soil of which is thought to be favorable to the cultivation of the trees.—*Lancet*.

DR. HOLMES, two years ago, stitched the two ends of the musculo-spiral nerve together, five months after its complete division. He freshened the ends of the nerve and then united them with a suture. The wound soon closed and now, two years later, the muscles supplied by this nerve are well developed and as serviceable as before the accident.—*Northwestern Lancet*.

A FATAL accident has, we regret to learn, befallen Mr. Anderson, Surgeon to H. M. S. *Stork*. During a sporting trip up the Mayumba river a hippopotamus was wounded. The infuriated animal charged the boat, which was capsized, and three out of its four occupants, including the surgeon, were drowned. Mr. Anderson was making his first voyage as a naval surgeon.—*Lancet*.

A REMARKABLE INJURY.—A man's thorax was caught antero-posteriorly between the bumpers of two cars as he was coupling them. Death was instantaneous. At the autopsy no external injury was seen; several ribs on each side were broken, and the heart was found free in the abdominal cavity, it having been torn from its attachment to the great vessels and forced through a rent which was made in the diaphragm. It is rather difficult to understand how the violence could have acted so as to produce this result; most probably the man was stooping slightly forward when caught.—*Phil. Med. News*.

THE LOCAL APPLICATION of weak solutions of corrosive sublimate is being appreciated from all quarters. Oculists are using it with satisfaction in certain cases of conjunctival trouble—one grain in sixteen ounces of water; it certainly is an excellent application, used of course with care, in diphtheria. And the *Therapeutic Gazette* gives the mode of using it after labor by the renowned Tarnier at the Maternity in Paris: The solution used was 1:2000, with which the patient is washed and injected; afterward a compress dipped in the solution is applied to the genitals. During parturition a fresh compress is applied three or four times a day. As soon as any thing

abnormal in the course of the lying-in patient occurs, frequent injections are made into the genital organs. The results were good. Of three hundred and fifty patients one died of an old peritonitis. No case of intoxication from the sublimate occurred. Sometimes the compresses irritated the outer genitals, the compresses were removed and the irritation ceased. Tarnier recommends that the bedding be disinfected beforehand.—*Weekly Medical Review*.

GUACHAMACA.—Dr. Carl Sachs brought this plant from Venezuela to Europe, and prepared an extract from it. (*Monatsschrift f. Deut.-Amer. Aerzte*.) Its action is similar to that of curare; besides it has the power of producing sleep, but this effect makes its appearance very late; in one instance in Prof. Frerich's clinic, after the injection subcutaneously of eleven milligrams the patient fell asleep three-quarters of an hour after the administration of the extract. The hypnotic effect continued for fully three hours, without any change in the circulation or respiration.—*Northwestern Lancet*.

AMERICAN SOCIETY OF MICROSCOPISTS.—The recent meeting of this society in Chicago was in every way a success. A number of valuable papers were read, those devoted to histological and pathological questions being of special interest. Bacteria, their influence in disease, and means for their destruction, claimed a full share of attention. Among the notable features of the occasion was a reception by the Calumet Club, and a display of three hundred instruments, presenting every variety of form and finish, with all the devices necessary to secure ease and precision in microscopic work. These, with appropriate preparations for study and display, made probably the most extensive microscopical seance ever held in this country. The society adjourned, August 10th, to meet next year in Rochester, N. Y.

FUNCTION OF SEMI-CIRCULAR CANALS.—Dr. William James, of Harvard University, has made some experiments to test the modern theory that the semicircular canals, instead of being connected with the sense of hearing, serve to convey the feeling of movement of the head through space, which, when intensified, becomes dizziness. (*Popular Science Monthly*.) It occurred to him that deaf-mutes, having their auricular organs injured, might afford some corroboration of the theory, if it were true, by show-



ing a smaller susceptibility to dizziness than persons with normal hearing. Of five hundred and nineteen deaf-mutes examined by subjecting them to a rapid whirling, one hundred and eighty-six were wholly insusceptible of being made dizzy, one hundred and thirty-four were made dizzy in a very slight degree, and one hundred and ninety-nine were normally, and in a few cases abnormally, sensitive. Nearly two hundred students and instructors in Harvard College, supposed to have normal hearing, were examined for purposes of comparison, and but a single one proved exempt from the vertigo.—*Weekly Medical Review*.

SEMMOLA ON THE PATHOGENESIS OF ALBUMINURIA.—Semmola, in a recent paper read at the Académie de Médecine (*Le Progrès Méd.*, June 16, 1883), states that he first, in 1850, pointed out the dependence of albuminuria on the quality of the ingesta, and that the increase after nitrogenous diet led him to adopt the view that the real disease was secondary, and that the primary departure from health was the failure to utilize the albuminoids in the economy. Later, in 1861, he proved that a healthy kidney could excrete albumen, but that, if prolonged, this led to anatomical changes.

His principal arguments for the hemogenous origin of albuminuria are, (1) The diminution of the excretion of urea from the commencement of the albuminuria, without its accumulation any where; (2) identity of the albumen excreted in Bright's disease with the serum of the blood; this is not the case in other forms of albuminuria; (3) the bilateral affection of the kidneys; (4) the confusion resulting from the anatomical point of view.

During the last few years, he has become convinced that differences in diffusion power lie at the bottom of this question. He has found, (1) That the albuminoids in the blood of Bright's disease diffuse more than the albuminoids of the blood in other forms of albuminuria; (2) that, in early stages of Bright's disease, if the blood be examined before and after the cure, the diffusibility of the albuminoids of the blood augments, diminishes, or stops in relation with the quantity of albumen in the urine; (3) that this physico-molecular constitution of the albuminoids of the blood is produced by more or less considerable default in the functions of the skin. He found that the blood of animals with varnished skins always contained diffusible albuminoids when the varnishing

involved at least one half of their cutaneous surface. In these circumstances there was albuminuria, and the bile also contained albumen. He has collected a certain number of cases of chronic eczema and psoriasis, which alternated with albuminuria, and were finally cured by prolonged hydro-sudopathic treatment. He relates a curious case of seborrhea, which produced effects like those of varnishing the skin. The patient felt the least breath of air, was always cold, looked very cachectic, and had albuminuria. He was cured perfectly by similar active treatment directed to his skin, and the albuminuria has never reappeared.

Dr. Semmola thinks the causes of the diminished activity of the skin are generally cold and damp. These act insidiously, producing by degrees an increase in the diffusibility of the albuminoids, a diminution in the urea excreted, and finally the forced elimination of albumen by all the depurative channels of the body. The saliva and sweat, as well as the bile, may be shown to contain albumen. This is the explanation of the albuminuria of Bright's disease, as distinguished from other forms having a purely local cause, congestion, inflammation, etc. By injecting egg-albumen under the skin he has been able to produce all the phenomena of nephritis; thus proving that the continuance of this abnormal secretion may bring about inflammatory changes in the kidneys.—*Dr. Saundby, in London Med. Rec.*

[Prof. Semmola injects egg-albumen into the connective-tissue because he believes that the direct injection of this substance into the blood, as practiced by some experimenters, tends to produce disturbances in the system too profound for analogy with that state—characterized by increased diffusibility and diminished assimilation of the albuminoids in the blood—which he holds to be the first step in the pathogenesis of Bright's disease. He finds also that serum albumen will appear in the urine after injection into the subcutaneous connective-tissue, but that it is far less irritating to the kidneys than the more heterogeneous albumens. This observation is remarkable, since it would seem to disprove the statement made by most physiologists, that serum albumen injected into the veins of animals is not eliminated by the kidneys. Prof. Semmola, however, injected this substance into the areolar tissue, and its appearance in the urine may prove that in passing from this tissue to the blood the albumen undergoes such molecular change as to render it unfit for assimilation.]



HAGAR'S WELL, MECCA.—The following letter from Dr. E. Frankland, the eminent chemist, published in the *Lancet* of August 11th, will give our readers some notion of the filth contained in the drinking-waters of those countries where cholera commonly prevails: "The well is in Mecca. The water is regarded as holy, and large quantities are annually sent as gifts to all Mussulman countries. Most of the Mahomedan princes, especially those of India, have 'keepers of the well,' whose duty it is to send them annually water from the well." I have submitted this water to analysis, and the results which I append hereto appear to me so important as to warrant me in asking that they be brought specially under the notice of the Secretary of State for India in Council. The water is slightly turbid and has a saline taste. 100,000 parts of it contain in solution the very large proportion of 828.24 parts of solid matter, of which a considerable amount is organic and of animal origin. The water also contains an enormous quantity of nitrates—the usual product of the decomposition of animal excreta. The previous animal contamination calculated from the proportion of nitrogen as nitrates and nitrites shows that the liquid supplying this well contains in a given volume nearly six times as much animal matter as is found in the same volume of strong London sewage. This conclusion is confirmed by the presence of a very large proportion of common salt, one of the chief constituents of urine. The suspended matter in the water consists chiefly of dead bacteria.

In answer to my inquiries as to the surroundings of the well, and the authenticity of the sample, Mr. Zohrab writes me as follows: "In reply to your note regarding the water from Hagar's well brought home by me, I beg to state that it is authentic. It was brought to me last January from Mecca by a Mahomedan gentleman in whose good faith I have implicit confidence. I may also state that several Mussulmans at Jeddah, who had frequently tasted the water at the well itself, and to whom I showed what I had, assured me it was genuine. There is no difficulty whatever for a person at Jeddah to get any quantity of the water, as the well in Mecca is free to all, and any one may carry away as much as he pleases. I am not at all surprised at the water being heavily charged with excrementitious matter, and the reason, as I will now show, is evident. The city of Mecca, lying in a basin, contains a permanent population of about

forty thousand souls, and annually during the Hadj (pilgrimage) from one hundred thousand to one hundred and fifty thousand pilgrims, who become residents for periods varying from one week to three months, crowd into it. This vast influx of strangers finds accommodation where it can; the well-to-do rent rooms, the poor live in the street. The houses in Mecca are generally built in flats to accommodate pilgrims; each flat is provided with one or two badly constructed latrines, and there are from six to twelve of these in each house. These latrines empty themselves into pits dug outside the houses. When these get filled they are emptied into other pits, which are made in the streets or at any convenient spot, and then covered over with earth. For the poor, latrines on the same principle are made in and outside the town, and the same method of emptying them is employed. This system of burying foul matter in every direction has been pursued for centuries; it is not, therefore, surprising that the ground in and around Mecca is surcharged with excrementitious matter, which rains (these are frequent in Mecca) carry by filtration into the wells. Hagar's well is not a spring, but its water is supplied by filtration—that is, by rain-water passing down through an overlying mass of foul matter. But there is yet another cause for the pollution of Hagar's well, this is the thousands of pilgrims, diseased or sound, who daily wash beside it, the water they use naturally finding its way back into the well."

Such being the surroundings of this holy well, and the composition of its water, there can be no doubt that here is a most potent source of cholera poison, for the evidence is most conclusive that cholera is propagated by a specific poison contained in the alvine discharges of persons suffering from the disease. Hagar's well, therefore, must, according to Mr. Zohrab's description, constitute a ready and efficient collector of the poison, and it would scarcely be possible to devise a more effective means for the diffusion of this poison throughout Mahomedan countries.

I presume that it would be quite impossible to get this well closed; but in the interests of the health of Europe and Asia efforts ought to be made to guard the water from this abominable and dangerous pollution. In the whole course of my experience I have never met with a sample of drinking-water making even a distant approach to the degree of pollution exhibited by the water of Hagar's well.



**OPIUM SMOKING.**—A recent writer in the *China Review* brings forward some statements which tend to refute the notion that opium smoking is an injurious habit. It appears, says McCallum, the writer referred to, that in the general composition of opium morphine, codeine, and narceine are the only bodies of any importance. Codeine and narceine give no sublimate; morphine can not exist, even in infinitesimal quantities, in opium smoke which has passed through an opium pipe. The opium smoke does not possess the well-marked bitterness of morphine. Smokers prefer that variety of opium which contains a small percentage of morphine. So far as is known, no authentic case of acute poisoning from opium smoking has been recorded. During nearly a four years' residence in Hong Kong, considerable attention was given to the subject, but not a single case of narcotism from indulgence in the opium pipe has been observed. We consider the last two statements extraordinary. Opium eating may be contrasted with opium smoking. The two habits may be combined or practiced singly. Hence, difficulties of determination may arise. But we were certainly under the impression that authentic cases of injurious effects resulting from the use of the opium pipe alone were admitted on all hands, and were, in fact, notorious.—*Lancet*.

**THE AIR CURE OF CONSUMPTION.**—Dr. MacCormac has recently published a pamphlet on "The Air-cure of Tubercular Consumption," upon which the *Lancet* remarks: "It is now some years ago since Dr. Henry MacCormac promulgated the theory that the *vera causâ* of phthisis was the respiration of prebreathed air. According to this view a healthy man constantly exposed to an impure atmosphere, rendered so by his own breathing or that of other individuals, is physically certain to become tubercular. Such a notion has been entertained by many high authorities, but, so far as we know, always rejected after due consideration. The infectiousness of phthisis is denied by Dr. MacCormac. He regards the experiments and investigations of Koch as completely overthrown by the researches of many pathologists, but more especially by those of Spina. It is evident that the pamphlet has been written in an excited and unhappy frame of mind."

**THREE URETHRAS.**—Dr. Luxardo, in *L'Union Medicale*, describes a rare anomaly

of the penis in a young man with gonorrhea. The meatus presented three openings, corresponding to as many distinct urethral canals. The upper gave passage only to seminal fluid, the lower to urine, and the middle tube appeared to communicate with the lower one. The gonorrhea affected only the two inferior canals.

**CORN-SILK FOR VESICAL CATARRH.**—Mr. G. W. Kennedy writes, says the *Pacific Med. and Surg. Journal*, that the physicians of Schuylkill County, Pa., have, since the recommendation of corn-silk for catarrh of the bladder, used it with good results. As this remedy is used in cases where alcohol acts as an irritant, the best results have been obtained from preparations containing a minimum of alcohol, and accordingly the syrup (3 j to O j) and the fluid extracts are found to be the best forms in which to give it.

**SUCCINATE OF IRON IN BILIARY COLIC.**—Dr. Jas. A. Stewart, of Baltimore, revives the claim that the hydrated succinate of the peroxide of iron is efficient in the treatment of gall-stones. He reports one case in which a patient, a lady of forty, who had suffered for three months and was greatly emaciated, recovered health rapidly under dram doses of the succinate. There had been no trouble for two years.

**PROPAGATION OF TUBERCULOSIS AMONG RABBITS.**—Mr. Anthony Willows has lately proposed, says the *Australasian Medical Gazette*, by inoculating rabbits on a large scale, to rid Australia of these pests, which are terribly destructive to the crops and pastures of that country.

THE third International Otological Congress will be held in Basle, Switzerland, during the first week of September, 1883. The committee have enlarged their number by the addition, among others, of Drs. St. John Roosa, of New York, and Blake, of Boston.

DR. ROSEWELL PARK, of Chicago, has been appointed to the chair of Surgery in the Medical College of Buffalo, N. Y. His retirement from the editorial staff of the *Weekly Review* and his removal to Buffalo are announced.

Two cases of tuberculosis of the male genito-urinary organs are reported in the *Lancet*, July 21st.



## The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - } Editors.

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### AN EDITORIAL LETTER.

*Dear Readers:*

Those who have not written for the public have little idea of the embarrassment a modest writer experiences in addressing his readers, even though he be no novice in the work. "I" sounds egotistical, "we" seems conceited, and "the writer" looks affected. Having decided upon one of these terms, one must adhere to it, at least throughout the article in hand. This is accomplished only by effort and practice. To avoid repeating "I," "we," or "the writer," so often as to offend good taste and too infrequently for perspicuity are likewise sore trials, at least to him who now addresses you. But three orders of men, by right, speak of themselves as "we." These are editors, royal personages, and people with tape-worms, said Mr. Prentice. Of these three he of the tape-worm possesses the clearest right to use this plural pronoun. Royalty, claiming divine authority, uses "we" in the sense, doubtless, of I and the Lord. Why editors thus style themselves is inexplicable, or at least unexplained save by the authority of custom. Medically speaking "we" is a symptom of the editorial cachexia.

Writing on the editorial tripod at home I am we. Writing away from home we are I.

Driven by physical and mental disability—due, it is comforting to ascribe, to over-

work—to seek restoration of health, I am sojourning for a brief season at Belle Mead. A few weeks ago "we" wrote in the News about the follies of the "Silly Season." To the superficial reader of that editorial "our" present absence from home might seem to conflict with the sentiments therein expressed, but to the careful reader no such mistake is possible. Belle Mead is no "watering place," where people go for fashion's sake, and endure the horrors of small rooms, bad beds, weak coffee, and watered milk, canned vegetables, and stale fruit, in the midst of a promiscuous crowd. No, indeed. Belle Mead is one of the world's great stock farms, which has sent forth, and is yet to send, troops of thoroughbreds such as Job nor Jehu nor Phaeton ever saw or dreamed of, and herds of cattle such as Ulysses never cast eyes upon in all his travels in any land or island. In a noble mansion inhabited by hospitable friends, surrounded by thousands of acres of bluegrass and grain-fields and aboriginal forests, including a park containing more than a third of a thousand fallow deer, the sick senior of the News is seeking and finding health. Whether it is better to be born lucky than rich is an open question; but certainly the poor doctor is lucky who has ever open to him such a resting place as Belle Mead. Barring parts of Kentucky and of England, I have seen no land so beautiful as this, nor is it probable that on the hither side of the kingdom of Heaven there lies a lovelier. When the deep silence of the country becomes oppressive, as it will do after a while to one long used to the hum and roar of cities, a quick ride of six miles behind a spanking team, over a perfect pike, brings one into Nashville. Here a few hours stay in the hurry and noise and turmoil of Tennessee's beautiful capital restores one's appetite for the peacefulness and calm of the "God-made"—the "man-made" serving one as the burning goats' hair did the cloyed olfactories of the luxurious, perfume-loving Egyptians.

"O, I could breathe this air till death



charmed away my mortal breath," one is tempted to exclaim, in the language of the song. But, alas! the life of the doctor is a hard one if he has a practice—and a harder one if he has it not. Therefore, like Macbeth's rat he must "do and do and do" if he would not let his little ones lack or suffer hunger; and after a few more suns he who pens these lines will be pulling the lines on his buggy horse in Louisville, as he drives to the homes of his clients, to the halls of the University, or to his publishers' printing house. Such is life! But, of a truth, life is not so bad a thing, after all; and is well worth living if the liver is well.

*Vale*, dear friends of the Louisville Medical News. "Would that ye all were not only almost but altogether such as I am this day, save these bonds" of dumb chills and dyspepsia.

L. P. YANDELL.

BELLE MEAD, TENN.

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PLEURO-PNEUMONIA AMONG CONNECTICUT CATTLE.—It appears from a report recently received at the Treasury Department, and published by the Medical News of August 25th, that an outbreak of lung plague began in the town of Salem, Conn., early in July. On August 16th, but two herds of cattle on adjacent farms had been attacked, four only of the cases proving fatal.

Prof. Leantarel, of the American Veterinary College, and Dr. Rice, V.S., of Hartford, have examined the sick cattle, and pronounce the disease to be lung plague. The infected herds are now in quarantine, and it is believed that there will be no further extension of the plague. No satisfactory evidences as to the cause of the outbreak have been found. A cow brought from Jersey City, sometime last April, is under suspicion.

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CHOLERA.—The death rate from cholera in Egypt is lessening day by day. The official returns show that, on August 14th the total mortality for Egypt was three hundred and seventy-six, and on the 15th four

hundred and sixty-seven; but since this date there has been a rapid decrease in the numbers with each day, until on the 19th but one hundred and eighty-two deaths were recorded. At Cairo the disease appears to be dying out, but remains about stationary in Alexandria. On August 14th, fifty-five deaths were reported at Damanhoor. The total number of deaths from cholera among the British troops in Egypt from the outbreak of the disease to August 20th is one hundred and forty. On August 19th, another death from cholera was reported at Beyrout, Syria. While the disease is evidently waning in Egypt and Syria, it appears to be holding its own in India, two hundred and twenty deaths being reported from Bombay as having occurred during the two weeks ending with August 17th.

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AMERICAN PRACTITIONER.—The American Practitioner for August announces that Dr. Theophilus Parvin has severed his editorial connection with this journal, the acceptance of the chair of Obstetrics in Jefferson Medical College, and his consequent removal to Philadelphia, being the cause. His successor is Dr. John A. Ochterlony. While we sympathize deeply with our able contemporary in the loss it sustains by parting with so eminent a man as Prof. Parvin, we, at the same time, congratulate it upon having secured in his successor a gentleman of high attainments in medicine and literature. Than Prof. Ochterlony, certainly no one is better qualified to do honor to the place so long and so ably filled by Prof. Parvin.

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YELLOW FEVER is making considerable headway in the West Indies and Mexico, forty deaths from this cause being reported in Havana for the week ending August 18th, while at Vera Cruz the disease is raging with great violence. Meanwhile our Marine Hospital Service is putting the alleged value of quarantine to the test with excellent results.



## Bibliography.

A METHOD PROPOSED TO SECURE CHILDREN AGAINST ATTACKS OF DIPHTHERIA. By F. Peyre Porcher, M. D., Professor of Materia Medica and Therapeutics in the Medical College of South Carolina, Charleston. Acting upon the theory that diphtheria (whether or not it may depend upon a specific germ) is at its inceptive stage local and has its seat in the fauces, which, if impressed or modified by suitable agents, will not offer a nidus for its reception, Professor Porcher proposes as a prophylactic the following:

R Tinct. ferri chlorid., . . . 2 to 3 drams;  
Potassii chloratis, . . . 2 to 3 "  
Quiniæ sulph., . . . 15 to 20 grains;  
Sodii hyposulphitis, . . . 1 to 2 drams;  
Alcoholis, . . . 1 ounce;  
Aquæ, . . . 6 ounces.

M. Sig. A teaspoonful to dessertspoonful three times a day in water. To be used by those who are exposed to the disease.

The author has used this formula for a number of years as a prophylactic for diphtheria in many families whose members had been exposed to the disease, and states that he has never known a case of diphtheria to occur where it was so employed.

Evidence is not wanting from other sources of the value of the medicines above named, especially the muriated tincture of iron and potassium chlorate, both as a prophylactic and cure for diphtheria.

The same formula is said to be serviceable in scarlet fever. And with two or three drams of acid tartrate of potassium in lieu of the hyposulphite of sodium, it has proved of great value in the treatment of erysipelas, ulcerative sore throat, cellulitis, and diseases of the lymphatic system.

REPORT FOR 1882, 1883, of H. A. Newton, Director to the Board of Managers of the Observatory in Yale College, presented to them by the President and Fellows; to which is appended the report of the astronomer in charge of Horological and Thermometric Bureaus. New Haven: Tuttle, Morehouse & Taylor. 1883.

We have several times noticed the important work done by the Thermometric Bureau at Yale College.

By placing in the physicians' hands correct thermometers, the astronomer in charge has added no small amount to the efficiency of one of the most important means of clinical study.

That many physicians appreciate the privilege so kindly extended to them, may be seen by the following figures: In the year 1880-81, 1,667 thermometers were tested; in 1881-82, 3,811, and in 1882-83, 5,140. The cost is only 50 cents per instrument, and there is, therefore, no reason why every doctor in the land should not have a correct thermometer.

A TRACHEOTOMY TUBE, for gradual Withdrawal, and Report of a Case in which it was used. By H. F. Hendric, M.D., of St. Louis. Reprint. St. Louis Medical Journal Publishing House. 1883.

"The tube is of the ordinary tracheotomy shape, with a short external tube intended to reach only through the tissue down to the trachea, but not into it. Through this the long tube with the long fenestra is made to slide, and is held by a friction-clamp confined by a screw in such a way as to be removed gradually, and, as the screw tightens the clamp on to the tube, it may be retained at any depth required."

TRANSACTIONS OF THE MICHIGAN STATE MEDICAL SOCIETY FOR 1883. No. 3, Vol. 8. Geo. E. Ranney, M.D., Secretary. Lansing: W. S. George & Co. 1883.

It is evident from this report that the society at its last meeting did its full quantum of work. The attendance was an average one and the proceedings interesting, while the papers, though comparatively few, were carefully prepared and full of practical hints for the physician.

NINETEENTH REPORT OF THE TRUSTEES OF THE CITY HOSPITAL, BOSTON, with Reports of the Superintendent and Professional Staff, Rules for Admissions and Discharges, etc. 1882-83. Boston: Rockwell & Churchill.

This is a full report of good work done in one of the best managed institutions in America.

THE HYGIENE OF EXPOSURE. Being the address in Hygiene, delivered at the thirty-fourth annual meeting of the Medical Society of the State of Pennsylvania, at Norristown, Pa., May 10, 1883. By Henry Leffman, M.D., Professor of Clinical Chemistry and Hygiene in the Phila. Polyclinic.

THE PLANET: a Monthly Journal of Medicine and Pharmacy. Vol. 1, No. 8. New York, August 15, 1883. Dr. C. E. Nelson, editor and proprietor.

THE PRINTER'S JOURNAL. Vol. 2, No. 3. St. Louis: August, 1883.



## Formulary.

HYDRATED OXIDE OF IRON.—Dr. Squibb recommends the following as a simple method of preparing hydrated oxide of iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained:

R Tinct. ferri chloridi, . . . . . ℥ iv;  
 Aquæ font., . . . . . ℥ iv;  
 Mix in a vessel of  $\frac{3}{4}$  xij capacity,  
 And add aqua ammon., . . . . . ℥ ij.

Shake well, pour on a large wet muslin drainer, wring out the water and alcohol and wash with fresh water. The stomach having been evacuated by emetics while the antidote was being prepared, give four fl. ounces at once, to be followed by an emetic. Then give two ounces every ten minutes.

HEMOSTATIC PILLS.—The following formula is given by *L'Union Medicale*, for Guenau de Mussey's Hemostatic Pills:

R Extract of rhatany, . . . . . ℥ j;  
 Powdered ergot, . . . . . gr. xlv;  
 Powdered digitalis, . . . . . gr. viij;  
 Ext. of hyoscyamus, . . . . . gr. iv.

M. Divide into twenty pills, and take from four to six during the twenty-four hours.—*Medical Age*.

IODOFORM TROCHES.—The *Medicin Chir. Centr. Blatt*, gives the following as the most convenient form for internal administration of iodoform: (Weekly Drug News.)

R Iodoformi, . . . . . 5.00 parts;  
 Sacchari, . . . . . 100.00 "  
 Ol. menth. pip., . . . . . 0.15 "  
 Tragacanth, . . . . . 0.25 "  
 Glycerini, . . . . . 1.00 "  
 Aqua, . . . . . q.s.  
 M. Ft. trochisci 100.

MOIST HANDS AND FEET.—For relief of this annoying affection Dr. C. J. B. Wallis recommends the following:

R Acidi salicylici, . . . . . ℥ ij;  
 Naphthol, . . . . . ℥ ij;  
 Pulv. amyli, . . . . . ℥ iv;  
 Misce et adde olei eucalypti, . . . . . ℥ ij;  
 Pulv. terræ cimoliæ (Taylor's), . . . . . ℥ iv.

The parts should be previously washed with twenty-per-cent carbolic soap.

CHLORAL IN A NEW RÔLE.—Bonatti (*D. Med. Zeitung*), recommends the following as a safe drastic cathartic:

R Infus. sennæ, . . . . . fl ℥ x;  
 Chloralis. hydrt., . . . . . gr. xxiv-l;  
 Syrupi, . . . . . fl ℥ j.

## Selections.

RESORCINE IN TREATMENT OF HOOPING COUGH.—Dr. Moncorvo, Professor of the Diseases of Children in the Polyclinique of Rio de Janeiro (*Uniao Medica*), advocates the topical use of resorcine in the strength of one per cent, applied by a fine pencil brush to the larynx. He gives fourteen cases, varying in severity and duration, in which this remedy was found highly serviceable. The following are his general conclusions:

1. That hooping cough, whose nature, up to a very recent period, has been subjected to the most diverse interpretations in relation to its genesis, may, to-day, according to the latest microscopic researches, be included in the class of parasitic diseases.

2. That the disease appears attributable to the presence of micrococci which multiply prodigiously in the hyperglottic vicinity of the larynx, infiltrating its epithelial cells, which appear to be the predilective seat of their development.

3. That resorcine, applied to the laryngeal mucous membrane, caused in all the cases in which it was employed rapid decrease of the number of paroxysms, moderation of their intensity, and finally recovery in a short period of time, without the aid of any other medication.

Dr. Moncorvo says that resorcine, owing to its much less caustic action, and the absence of disagreeable taste and odor, is far preferable to carbolic acid. He has administered it internally to children, even the newly born, suffering under diarrhea and dysentery. He advises that strict attention be given to the quality, so as to secure the article in purity, and he recommends that prepared by Monnet, of Geneva, which is of notable whiteness, and in the form of silvery bright crystalline needles. It is extremely soluble in water. Dr. M. recommends its topical application with the fine pencil brush, to be repeated every two hours. The first applications, he says, sometimes exacerbate the coughing fits, but this irritation ceases in two or three days. In twenty cases treated by him he was not disappointed in his expectation in a single instance, and some of them had been very obstinate, or even dangerously complicated, as with hereditary syphilis, threatened hydrocephalus, pulmonary tuberculosis, intermittent fever, etc.

Resorcine, in its source being a congener



of carbolic acid, no doubt acts in a similar manner as a parasiticide. Dr. Moncorvo states that he has, by numerous microscopic examinations of the sputa expectorated by his patients laboring under whooping cough, verified the statements made by Letzerich, Henke, Steiner, Hagenbach, and other writers, as to the parasitic character or complication of the disease. The treatment advocated by him is therefore free from all insinuation of empiricism, and, as we understand the article to be inexpensive, it will no doubt soon be largely sought after.—*The Canada Lancet*.

**INJECTION OF THE PUERPERAL UTERUS.**—In commenting upon a paper on the injection of antiseptics after abortion or labor, read before the Med. Society of the county of New York, Dr. Paul F. Mundé said that for several years he had had most positive convictions on the subject, and had followed a decided practice in the treatment of puerperal septicemia. Since Dr. Chamberlain introduced the long glass tube known by his name, he (Dr. Mundé) had made it a rule to inject every puerperal uterus as soon as the temperature rose above  $102^{\circ}$  F., whether the lochia became offensive or not. He continued these intrauterine injections (of a two-per-cent solution of carbolic acid) three or four times daily until the temperature was permanently lowered, or until their inefficiency became evident. He had thus repeatedly reduced the temperature from  $105^{\circ}$  to  $102^{\circ}$  from  $103^{\circ}$  to  $98^{\circ}$ ; the pulse in proportion. He had seen the temperature remain down for a while—but, again and again, he had seen it go up, and finally stay up, in spite of his injections. It was true, he had not repeated them so often as Dr. Wylie had done, and perhaps his occasional bad result had been due to this fact. In future he would certainly follow Dr. Wylie's plan in intractable cases.

But he would like to direct attention to the fact that in all cases of puerperal septicemia there was a time when intrauterine injections not only did no good, but were even positively injurious, viz: (1) In cases where the lochia were not at all offensive, and the seat of infection seemed already to have spread to the perimetritic tissues, and to lie beyond the reach of intrauterine medication. (2) Where the injections had been used faithfully for a period of from forty-eight to seventy-two hours, with little or no benefit—certainly no lasting benefit. In both these sets of cases the disease had al-

ready advanced beyond the scope of local remedies, and in those of the second category the injections even seemed to provoke a traumatic rise of temperature; he had known the frequent introduction of the tube and the injection of medicated fluids to do harm and to be followed by more or less hemorrhage. But in a fresh case of puerperal septicemia, or indeed in any case where there was a rise of temperature, especially if the lochia were fetid, his first step was to wash the uterus, repeating it as often as the temperature seemed to require; and the results in many cases had been so surprising, so immediate, and so beneficial as to make him feel the greatest confidence in the treatment. In a few cases, it was true, it had failed, but those were mostly cases to which he had been called in consultation at a late period in their course. In the very few cases in which the injections had failed and yet the patient had recovered, the salicylate of sodium, in ten-grain doses every two hours or oftener, had seemed to produce a permanent reduction of temperature, followed by recovery even after failure with the largest doses of quinine.—*Am. Jour. of Obstetrics*.

**THE TREATMENT OF DILATATION OF THE STOMACH.**—Under the title of gastritis, atrophy, and dilatation of the stomach, Dr. James Russell records the case of a man, aged twenty-six, whose symptoms extended over a period of ten years, dating from an acute attack of ill-defined nature, probably gastritis. "This attack permanently changed the digestive power of the stomach; from that time the patient lost the ability to assimilate animal food, with the important exception, however, of milk. Ten years afterward I found that meat, finely comminuted and given in small quantity, remained for two days in the stomach, and was then rejected, unchanged." The patient was thin, but not cachectic, and there was considerable dilatation of the stomach. It was found that, even when tried most carefully, all kinds of solid albuminoid food were ejected after a more or less brief stay in the stomach. Milk alone could be retained. Of some substances (*e.g.*, cod-liver oil) the stomach was exceedingly intolerant, and immediately rejected them. Washing the stomach out by means of the syphon-tube was tried, but it produced considerable distress, and did no good. In the ordinary forms of atrophy of the stomach, the peptic glands are the chief sufferers, and the pa-



tient is able to assimilate the hydrocarbons. In this case, however, the patient was very thin, and unable to digest any thing but milk; a condition of subacute or chronic gastritis was constantly kept up, and as a result of these changes and the impaired general nutrition which necessarily followed, a state of dilatation of the stomach was induced. This, of course, tended to keep up the mischief by permitting the accumulation of food in the stomach and favoring its decomposition. The remedy for this state of things employed by nature is vomiting, and cleansing the stomach by means of the siphon-tube is therefore the proper line of treatment to adopt. In the case above alluded to it failed, probably in great measure owing to the organic changes that had taken place in its structures. The value of washing out the stomach in cases of dilatation of that body is well shown by three cases which have been under my treatment, in one of which the patient found such relief from it that he sometimes resorted to it twice a day.—*Birmingham Medical Review*.

“DISCHARGING LESIONS” IN EPILEPSY.—The “region” represented by the highest centers (the climax of nervous evolution) is the whole body; each of the innumerable terms of these centers, it is supposed, represents the whole organism in a different way from every other of the terms. Epilepsy proper is owing to “discharging lesions” in parts of these centers: we speak at present of severe paroxysms—of *le grand mal*. It is inferred that there are numerous epilepsies (“varieties” of epilepsy proper), as many, at any rate, as there are different “warnings” of what we call the paroxysms; for different “warnings” of necessity point to “discharging lesions” differently seated. No one denies that there are varieties of epileptiform seizures; these occur from differently seated “discharging lesions” in the middle motor centers. It would be very remarkable were there not differently seated “discharging lesions” in the highest centers, and hence many different epilepsies. If one patient’s epileptic seizures always begin by an epigastric sensation, and in others always by a particular kind of vertigo, the “discharging lesions” must be differently seated in the highest centers in the two cases. We may be as certain of this as that the “discharging lesion” is in different parts of the middle centers in two patients, in one of whom epileptiform seizures begin in the foot, and in the other in the hand. Dif-

ferent epileptiform seizures have their particular places of onset, degrees of involvement of particular parts, and orders of spreading. It is supposed similarly that in each epilepsy the severe convulsion, although universal, differs somewhat in its exact onset, degree of involvement of particular parts, and order of spreading from the severe convulsion in any other epilepsy. *Mutatis mutandis*, for the effects of “destructive lesions,” it is supposed that there will be different slight universal paralyses, according to the particular part of the highest centers destroyed.—*J. Hughlings-Jackson, M.D., F.R.C.P., in Medical Press*.

PURPURA.—True purpura is a so-called “idiopathic” disease, the cause of which is as obscure as are the causes of leucocythemia and “pernicious” anemia. It attacks persons of all ages, from early childhood to the decline of life, males and females in equal proportion, those who are apparently in good health as well as such as are already ailing; and, so far as I know, its appearance is independent of local sanitary conditions and dietetic errors. It has, moreover, a tendency to recur, and I have notes of several cases in which children have been brought to me, at intervals of some months, suffering from two or even three recurrences. Purpura is commonly divided into two varieties, namely, purpura simplex and purpura hemorrhagica.

The treatment of purpura is as unsatisfactory as are its causation and pathology. Antiscorbutic remedies have been largely employed in consequence of a belief which prevails (but seems unfounded) that the disease has a close causal relation to scurvy. Other remedies are tonics and astringents; and, though I acknowledge some skepticism as to their special efficacy, it is in such medicines that, in the present state of our knowledge, we are compelled to trust mainly.—*Bristowe*.

TREATMENT OF CROUP.—Mr. Jules Simon, of the Hopital des Enfants Malades, treats croup as follows (*Medical Press*): As soon as the malady is diagnosed he touches the throat with lemon-juice, or a solution of muriate of iron, every two hours. Every three hours he washes the part affected with a solution of borax (two drams to ten ounces). At the same time the atmosphere of the room is charged with atomized phenic solution, a stimulant nourishment is given, and three to five drops of tincture of iron



administered every three hours. When dyspnea becomes apparent an emetic is to be given, but if the symptoms are not relieved tracheotomy must be performed without delay. The results of the operation are not very satisfactory, however, since, when the child is under two years, a fatal termination is the rule, whereas, in children above that age one out of five recovers. The after-treatment consists in placing a piece of tarlatan over the canula, warming the room, and administering beef-tea and tincture of iron. The removing and cleaning of the canula should be done by an experienced person; it might be definitely removed after the eighth or tenth day. M. Simon considers that chlorate of potash is of little use in croup.

**ACTION OF TANNIN ON PARAMECIUM.**—H. J. Waddington states, that, by bringing a drop of a solution of one part tannin in four parts glycerine in contact with a drop containing a Paramecium, the motion of the animal is stopped, and the cilia become beautifully distinct. They appear quite straight and surprisingly long, equal to the short diameter of the body. Previous ideas as to the size and number of the cilia have been very incorrect. To kill infusoria he recommends a saturated alcoholic solution of sulphurous acid; for, if a small quantity be added to water, the gas is set free, and the animals in the water poisoned. He also reports an ingenious device to catch infusoria: crumbs of very hard baked biscuit are put in the water, where they will be held up by confervæ; fungoid growths spring from each crumb, the infusoria collect between the filaments as in a favorite resort, and the whole colony may be captured by pulling out the crumb.—*Journ. Royal Micros Society, Lond: Science.*

**MOLECULAR LAYER OF THE RETINA.**—According to Bellonci, the formation of the inner molecular layer of the retina begins in the chick on the eighth day of incubation. At that time there is a special row of clear cells just outside the layer. The cells in the situation of the layer disappear on the ninth day: the clear cells undergo fatty degeneration of the nucleus, and disappear by the twelfth day. They form the molecular layer, which, however, continues to enlarge. Both the inner and the outer molecular layers are penetrated by optic nerve-fibers. Thus is produced a structural relation with the molecular layers of the brain.—*Science.*

**NAPELLINE AS A SUBSTITUTE FOR MORPHINE.**—Napelline, an amorphous alkaloid obtained from aconite root, has been successfully used by Laborde to relieve neuralgia pains, and as a substitute for morphine in a case of the morphine habit. It was given hypodermically in doses of from one to four centigrams in the twenty-four hours. *Journ. de Therapeut.*

**OXIDE OF ZINC AS A SUBSTITUTE FOR IODOFORM.**—In the treatment of wounds Dr. Peterson, of Kiel, considers zinc oxide a good substitute for iodoform. It is cheaper, and is not poisonous.—*Medical Times.*

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from August 11, 1883, to August 18, 1883.

*Baxter, Jeddiah H.*, Chief Medical Purveyor, U. S. A., to proceed to San Francisco, California, via St. Louis, Missouri, on public business connected with the Medical Department, and on completion thereof will return to his station. (Par 1, S.O., 185, A.G.O., August 11, 1883.) *Burton, Henry G.*, Captain and Assistant Surgeon, relieved from duty at Fort A. Lincoln, D.T., and assigned to duty at Fort Assiniboine, M. T. (Par 1, S.O., 141, Department of Dakota, August 11, 1883.) *Barnett, Richard*, Captain and Assistant Surgeon, granted leave of absence for one month, on surgeon's certificate of disability. (Par 2, 149, Dept. of the East, August 10, 1883.) *Benham, R.B.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Assiniboine, M. T., and assigned to duty at Fort A. Lincoln, D. T. (Par 2, S.O., 141, Department of Dakota, August 11, 1883.)

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from August 18, 1883, to August 25, 1883.

*Clements, Bennett A.*, Major and Surgeon, relieved from duty with the Army Medical Examining Board, New York City, N.Y. (Par 11, S.O., 193, A.G.O., August 22, 1883.) *Middleton, J. V.D.*, Major and Surgeon, relieved from duty at Fort Hays, Kansas, and assigned to duty at Fort Leavenworth, Kansas. (Par 2, S.O., 169, Department of Mo., August 18, 1883.) *Williams, John W.*, Major and Surgeon, granted leave of absence for one month, on surgeon's certificate of disability. (Par 1, S.O., 109, Department of the Columbia, August 8, 1883.) *Bartholf, John H.*, Captain and Assistant Surgeon, assigned to temporary duty at Vancouver Barracks, W. T. (Par 2, S.O., 109, Department of the Columbia, August 8, 1883.) *Finley, J. A.*, Captain and Assistant Surgeon, relieved from duty at Fort Concho, Texas, and assigned to duty at Fort Stockton, Texas, as post surgeon. (Par 1, S.O., 101, Department of Texas, August 16, 1883.) *Kimball, James P.*, Captain and Assistant Surgeon, relieved from duty in the Department of the Platte, and to proceed to New York City, and report in person to the president of the Army Medical Examining Board for duty as a member of that board, vice Surgeon Clements, relieved. (Par 11, S.O., 193, A.G.O., August 22, 1883.)



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

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SATURDAY, SEPTEMBER 8, 1883.

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## Original.

### MANAGEMENT OF SECUNDINES AFTER ABORTION.\*

BY DR. WM. BAILEY,

*Professor of Principles and Practice of Medicine, Hospital College of Medicine.*

I was hurriedly summoned at 5 o'clock, A.M., August 15, 1883, to see Mrs. T. S., aged twenty-two, the mother of one child, twelve months old, which she was still nursing. She did not know that she was again pregnant, and although there had been in the last two or three months repeated losses of blood, she attributed them to irregular menstruation.

The day and night before I was called she suffered with much pain, which she and her family took to be colic, and administered accordingly; but no relief was obtained, although sinapisms were assiduously applied both fore and aft. Not obtaining relief, and having about that time quite an extensive loss of blood, I was summoned in haste.

I found upon examination that a fetus had been extruded through the os, accompanied by considerable hemorrhage, as the bed and surroundings were much soiled and the vagina was full of clots. From the development of the fetus, I took it to be three and a half months old. I emptied the vagina of its clots, and to my chagrin found that the os had firmly closed down on the little cord, which all through the case I was careful to preserve, for although, on account of its frailty, it could not serve any purpose in the removal of the after-birth, yet I felt it might prove to me a clew for definitely locating the same at some future period—the chief difference being that in the Cretan labyrinth, for the imprisonment of

Minotaur, and in that at Woodstock, where Henry II imprisoned the fair Rosamond, the clew served them to secure exit, whereas mine was to secure entrance, however devious the mazes might be.

I have reported this every-day case, that is not even possessed of peculiarities, for the purpose of inciting a discussion of the management of cases of abortion with retained secundines, and would be pleased to limit the discussion to that period after the fetus has been delivered.

Perhaps I can best give you my own convictions in regard to this subject by detailing to you the further management of this case. Finding, as before stated, that the os uteri had closed and that no hemorrhage was going on, and an entire absence of pain, I did nothing. I kept careful watch of the case by frequent visits, and directed the patient to remain quiet in bed. This state of things continued during the 15th and 16th instants.

On the morning of the 17th I ordered the bowels to be moved by a large injection of soap-suds containing one dram of turpentine, as they had been constipated since the "colic" began. At this time I observed that the tongue was somewhat coated and enlarged, and being in a malarial district, I ordered five-grain doses of quinine every four hours. This was at 11 o'clock, A.M., on the 17th, fifty-four hours after the fetus had been extruded. The temperature had at no time gone above 99° Fahrenheit, and no fetor characterized the discharge. No pain or hemorrhage took place during this entire period. Of course I gave instructions about what was to be done in the event of the occurrence of either of these in my absence.

I was summoned to the case again at 3 o'clock, P.M., of that day, and found the uterus undergoing periodic contractions. A small clot of blood was also exhibited.

\*Read before the Medico-Chirurgical Society, Aug. 31.



Upon examination, I found some clots in the vagina, but the os uteri not sufficiently open to enable me to pass my finger into the uterus, but more patulous than at any former period. Not being willing to trust my patient again under the changed circumstances, I applied a tampon of cotton through a speculum. At 7 P.M. I found the pains continuing; but, as she had not been able to empty the bladder since the tampon was introduced, I relieved her by the use of the catheter.

At 10 o'clock, P.M., sixty-five hours after the delivery of the fetus, I found that the pains had ceased. Upon removal of the tampon, I found that the placenta was easily removed from the vagina and neck of the uterus. Almost the entire body of the after-birth was outside of the external os. The case pursued a favorable course to recovery; the uterus seemed to have made a clean and perfect delivery. Vaginal injections were used in the case for cleanliness, but not medicated.

I am not sure that I gave the quinine with any view of oxytoxic influence, but believed that it was indicated for the general condition.

I have confidence in it also as a remedy in septic diseases, and although no evidences of sepsis were apparent, I thought that possibly preoccupation might be the best strategy.

I am not inclined to believe, with many, that quinine has oxytoxic power, and yet I believe that in certain conditions of the system, and at certain stages or in certain possible contingencies in labor that quinine gives power to the forces in labor. I would not advocate that it is unsafe to give quinine in intermittents in pregnancy, for I believe that premature labor may be induced by the disease on account of which the quinine is indicated.

I have reported this ordinary case in this plain way because, recently, it has been strongly urged by those high in authority that it is always best to deliver the secundines *at once* after an abortion, "peaceably, if you can, forcibly, if you must." I am inclined to more conservative action, such as is indicated in the case reported.

I find, in the August number of the St. Louis Courier of Medicine, a very sensible and conservative article from the pen of Dr. Walter Coles, of St. Louis. His article seems to have been called forth by articles found in the February number of the American Journal of Obstetrics, by Dr. T. Johnson Alloway, of Montreal, and the editor,

Dr. Paul F. Mundé. By reference to these articles you will find very much to commend.

All observers will agree with them as to the necessity of a complete emptying of the uterus after abortion as the only safe measure for the woman, and I am willing to urge that the sooner this is done, other things being equal, the better it is for her.

I am, however, not willing to admit that in such cases as I have reported above that it would have been better practice to have forcibly dilated and mechanically, by finger, curette or forceps, removed the after-birth at an earlier period than that at which I removed it. My position does not oppose the management pursued by these gentlemen in a majority of the cases reported by them. A small percentage only of their cases illustrate the principle enunciated by the authors.

They advocate in all cases the "*immediate*" removal of the secundines, when, in fact, as noticed by Dr. Coles, their reported cases have to do with cases where the secundines had been retained, some of them, for days and weeks after the abortion. In only one of the five cases cited by Dr. Alloway was the principle applied. In Dr. Mundé's table you will observe that in over two thirds of the cases the removal did not occur till after twenty-four hours, and ranging from that up to sixty days. We have no criticism to make of the management of most of the cases as reported, but we do not believe that the data warrant them in concluding that "*immediate*" removal is or should be the practice in all cases.

I ask your attention to that very intimate anatomical relation which exists between the placenta and uterus in the early stages of gestation.

We are informed, by obstetric authority, that nature institutes, toward the close of natural gestation, degenerative changes by which this attachment is lessened, and hence we seldom observe retained, or at least abnormally attached placentas at full-term labors. No serious lesion occurs to the uterus on account of the severance of connection. How is it, when the removal is enforced before nature has worked its purpose by degeneration? I am constrained to believe that even in skilled hands the curette must be the cause of considerable trauma to the internal surface of the womb, and in the hands of many it may prove the source of great injury.

It is only claimed by its advocates that



it is fit for the separation, and not for the removal of the parts attached. The after-birth is necessarily very much lacerated in detachment by that means, and you will be in doubt whether the emptying is complete and perfect. When nature is allowed time to separate the placenta, she also closes the sinuses and endeavors to prevent hemorrhage as well as the absorption of septic matters.

When the curette is used, or it becomes necessary in any other way to mechanically separate and dislodge the placenta, the sinuses are again torn open, and the trauma favors septic poisoning. Beside this, inflammation is more likely to be produced, and its evils may have to be combated. Hemorrhage is not by any means the only danger to be apprehended in cases of abortion. Indeed, when, after the period at which the placenta is formed, abortion occurs, you will find that hemorrhage is more likely to be alarming at the time, or immediately subsequent to the extrusion of the fetus, than in connection with the separation and removal of the placenta, for the reason already assigned, to-wit, that nature has closed the blood-vessels.

As additional means I would mention the use of hot water injections, ergot, opium, etc., each according to indication. In cases where the tampon is essential on account of hemorrhage, I would advise the use of some means to dilate the os at the same time, some one of the many tents in use. You can more certainly control the hemorrhage, and you prepare for any operative procedure that may be found necessary. Again, allow me to repeat that I am not combating the use of tent, finger, curette, or forceps, in such cases as are many of those reported by Dr. Mundé, in order to free the uterus of its contents.

On the other hand I think it would be reprehensible not to pursue the course advised by them when the placenta is undergoing decomposition, or when marked evidences of septic poisoning appear, or when it is apparent that nature can not possibly deliver in a few days. My purpose is to seriously controvert such practice in cases like the one I have reported. I hold that it is typical of many others, for I have repeatedly obtained the same results by the same means. I only ask that when no condition actively exists, making it absolutely necessary to interfere at once, that you give time for nature to make the placenta both easily and safely separable. Who has not seen, on the second or third day, the con-

sulting physician come in and *at once* without difficulty remove an after-birth after abortion, when you had previously failed to do so? Perhaps to your chagrin and mortification it has been commented upon by the friends of the patient. If your counselor is not very particular he may be inclined to advance himself at your expense. I am told that it is not uncommon for physicians in *other cities* to do this. His efforts at first might not have been any more successful than yours had been.

I was induced to commend a physician upon one occasion who, upon examination, found conditions had changed so that they were favorable for removal, when he gave place to the attendant in order that he might do what was so easy to be done at that time but which was so difficult before. My own conscience approved my course once when I was called in an emergency to a case of labor belonging to my friend and neighbor, but inasmuch as I was momentarily expecting him, I desisted from rupturing a bag of waters that had served its purpose and was distending the vagina, for fear that the labor would be accomplished before his arrival. I advised him of the condition of things upon his entrance to the room, and asked that he immediately rupture the membrane, whereupon the child was delivered before I could put on my overcoat and take my leave. I am sure I could have delivered the woman fifteen minutes before his arrival.

Allow me to say in this connection, and to terminate this diversion, that no professional duty is more incumbent upon us than that of duly maintaining the reputation of our brethren when we can do so without violence to our consciences. "Let each esteem others better than themselves."

LOUISVILLE.

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LIGATURE OF THE COMMON ILIAC.—Kümmell also reported a ligation of the common iliac, made necessary by secondary hemorrhage four days after extirpation of a bubo. The external iliac was first tied, and ten days later the common trunk. Gangrene followed this latter procedure, and necessitated amputation at the hip. The patient finally recovered. He had found statistics of fifty-five cases of ligation of the common iliac, mostly by English and American surgeons; of the three reported from German sources all died. Altogether, forty-one were fatal through gangrene, collapse, or septic processes.—*Annals of Anatomy and Surgery.*



## Miscellany.

LOUISVILLE SCHOOL OF PHARMACY FOR WOMEN.—This institution was incorporated early in the present year, and notwithstanding the novelty of the project, and the strong opposition which it, like all new movements for the advancement of women, was compelled to meet at the outset, its first course was successful beyond the expectation of its founders.

The next session will begin with the first Monday in October, continuing twenty weeks, and it is safe to predict that with its fine equipments and efficient faculty, the school will demonstrate the fitness of women for honorable and useful service in pharmacy. Every true philanthropist will wish it good luck.

DR. S. J. PERKINS died at Nacogdoches, Texas, on the 28th of July, 1883. He was born in McNary County, Tenn., in 1854, but passed the greater part of his life in Texas. He was a gentleman not only of scholarly attainments and culture, but also of recognized ability in his chosen profession, and his untimely death cuts short a career of much promise. At a meeting of the physicians of Nacogdoches, held recently, a merited and graceful tribute was paid to his memory.

AMENITIES OF MEDICAL JOURNALISM IN FORMER TIMES.—A correspondent of the Midland Medical Miscellany writes a letter of condolence to that journal on noticing that certain of its contemporaries have been inclined to sneer at it or damn it with faint praise. He cites the following as a specimen of the Lancet's facetious comments upon rival journals in 1828: "A friend of ours was sitting lately in Callow and Wilson's reading-room, when that facetious wight, Joe Burns, entered and took up the first weekly *excrement* of Macleod's YELLOW FUNGUS; he had just raised it to reading distance, when he suddenly removed it from the neighborhood of his olfactory organ with a gesture and expression of face indicating strong disgust. Joe was asked what he had got [*sic*] there? 'A bat's—' was the short reply, affording an unexpected confirmation of the naturalist's remark on the bat kind, '*Alvi dejectiones in hoc genere fætores horribili imbutæ sunt.*' This specimen of good taste is outdone by the following: 'Some despicable imitations of the Lancet

have arisen, *stunk*, and become extinguished; one or two are still *emitting a like fetor.*' If the Midland Medical Miscellany had existed in those days, it would have shared in the abusive epithets so lavishly bestowed upon Earle, Keats, Travers, Sir Ben. Brodie, Dr. Johnson, etc. Fortunately, other times and other manners have come."

[It is evident that in those days any new journal was a "stench in the nostrils" of the Lancet's editor.]

A VALUABLE CONCENTRATED FOOD.—Wm. H. Coggeshall, M. D., Richmond, Va., writes, in the Southern Clinic: During the past eighteen months I have employed one of the newer preparations of beef, the "Beef Peptonoids," manufactured by Reed and Carnrick, extensively, and am so well satisfied with it that I feel it a duty to call the attention of the profession to it as far as lies in my power. I am sure that a fair trial of it will convince any practitioner that it is a most valuable means of alimentation.

Remembering with what success the beef peptonoids had been employed as a rectal aliment in the case of President Garfield, I used it *per orem* in several cases of variola, and found it of the utmost value, as by its use my patients were sustained until the violence of the disease had spent itself, and I fully believe the recovery of all my later cases was due entirely to that fact.

Since then I have employed the same preparation in typhoid fever and pneumonia, and I have been particularly impressed by the fact that patients express the same sense of satisfaction of appetite, after an ordinary dose of the extract, that is usually felt after the ingestion of a full meal in health.

In a case of complete exhaustion after a protracted drinking bout, when the nervous and digestive systems seemed to be almost beyond recuperative action, I was enabled to quiet the violent retching, and place the patient in a condition where rest and sleep could take the place of medicine, simply by small, frequently repeated doses of peptonoids.

In a case of distressing vomiting of pregnancy, after an unsuccessful trial of the usual remedies, the patient was relieved by the use of a single dose of the preparation taken each morning before rising; and since then I have advised the same treatment in several other cases, with the best results.

A lady, suffering the torment of an ulcerated tooth, got a hypodermic injection of



morphia. The injection was followed by the most alarming nausea and depression, and nothing gave any relief until I employed the peptonoids; its use in small doses soon quieted the stomach.

In the wasting diarrheas of children, where I formerly used finely-chopped raw beef, I now depend altogether on frequent doses of this extract; and, after over a year's almost daily use of the preparation, I can not but feel that in "beef peptonoids" the profession possesses a nutrient whose value, especially in ready assimilation, is far beyond that of any other with which we are at present acquainted.

THE CHANGE OF MEDICAL OPINION IN REGARD TO THE CAUSE AND RECENT EXTENSION OF MALARIA.—Dr. Charles P. Russel, of New York, in the Medical Record:

In the August (1876) number of the Popular Science Monthly I published a brief account of the views then entertained almost universally as to the conditions from which malaria was regarded as springing—views in which, at that time, I concurred. Since then, however, I have been forced to materially modify my opinions on this subject. During a conversation some few years since with the late Dr. Hayes, the Arctic explorer, I learned that malarial disease was not unknown in Arctic regions where the *summer temperature almost never rose above 60° F., with an average for the warmest month of only about 45° F.* Dr. Hayes treated several cases of intermittent fever among the natives there. *This disposed at once of the tradition that an average summer temperature of at least 59° F. is one of the essential factors in the causation of such disorders.*

Investigating the subject more thoroughly, I found many instances of the occurrence of malarial diseases in other places where vegetable decomposition was, to any great extent, impossible; and very many more instances exist, as every body knows, of spots where all the so-called conditions for the production of the malarial poison have always been present without such poison ever having manifested itself; and others still, in which, under similar circumstances, it has appeared only at rare intervals. The doubts thus excited were subsequently corroborated during a professional connection with several cases of mill-dams alleged to produce malaria. Within a few years the assumption of the truth of the convictions upon this subject entertained by most physicians and hygienists has been the basis for a war

upon mill-dams in the Middle and Eastern States. Assuming that the exposure periodically, by drawing off water, of lands contiguous to a stream, and, in fact, forming a portion of the river-bed when the mill-dam was full—such drawing off of a certain quantity of water laying bare a considerable area of submerged ground covered with vegetable growth, and that the action of the summer sun upon such vegetation must inevitably create malaria—there could be little question as to the deleterious influence of any mill-dam within certain latitudes upon the health of the neighboring community. But, unfortunately for this theory, there are thousands of mill-ponds within the specified regions of average summer temperature, presenting every prescribed condition for the creation of malaria, in whose vicinity chills and fever have always been as much unknown as yellow fever or the plague.

In this connection it is proper to recall the fact that *since the United States census of 1870 there has been particularly noticed an evident extension of the subtle miasmatic influence over regions previously exempt from it within the Middle and New England States.* The additional effect of this disease-wave upon the naturally malarious site of New York City alone in this period was exhibited in the fact that from 1868 to 1872 the number of annual victims to these fevers increased three hundred and fifty per cent. It is well known that in places previously exempt from them miasmatic fevers occasionally appear and disappear without there having taken place any perceptible changes in the relations of the soil. Sometimes such fevers assume a widely epidemic or pandemic character, appearing to have broken loose from their native haunts in order to invade a great extent of territory. Thus, as Hertz and Proust inform us, the continent of Europe was almost entirely overspread by such pandemics in 1558, 1678, and 1679; from 1718 to 1722, from 1808 to 1811, from 1824 to 1827, and from 1845 to 1848. That the cause of malaria being thus disseminated is equally mysterious with that of most epidemics, few will venture to deny.

ONE person out of every five in the United States has one or more corns, and the cost of effecting a cure is \$1.30. What is the number of corn victims, and what would be the cost of placing every person on a sound footing?—*Canada Med. and Surg. Journal.*



**PORRO'S OPERATION.**—Survivorship of mother and child, according to reports of the *Gazetta degli Ospitali*, of the 4th and 25th ult., attended the performance of Porro's operation on June 17th, by Dr. Ferdinando Franzolini, of Udine. The patient, aged thirty-four, had been married four years, and miscarried three times. She was much deformed from rickets, and the entrance to the pelvis was so much narrowed by projection of the sacral promontory as to render ineffectual the violent labor pains. These had lasted fifty hours, and the membranes had been ruptured twenty-six hours. The os was high, but sufficiently dilated to admit the tips of three fingers. Head presentation; fetal heart-beats clearly perceptible. In compliance with the urgent entreaties of both parents, Dr. Franzolini determined on the removal of the gravid uterus and appendages as affording the best chance of survivorship to mother and child, and as the only effectual way of avoiding placing life in jeopardy by another pregnancy. Chloroform having been administered, the gravid uterus was brought out of the abdomen through an incision extending from an inch and a half above the pubes to a point two inches above the umbilicus. After removal of the uterus, the stump was fixed in the lower angle of the wound. The wound, which was dressed with purified tow, charged with ten per cent of carbolic acid, healed in great part by the first intention. The temperature only exceeded 100° on the third day, and then very slightly. From the third day the child took the breast, and continued to thrive with no other nourishment. The peduncle separated on the fifth day. On the sixteenth day after the operation the patient left her bed, and Dr. Franzolini had the well-earned satisfaction of watching the uninterrupted progress of mother and child. *Lancet*.

**NOT THE FIRST TIME, BY TWENTY CENTURIES!**—The following is in the *Medical Times and Gazette*, of April 7, 1883, taken from the *Lyon Medical*: "The little son of my porter having fallen ill, I inquired about him, and learned that he was being attended by a doctor who lived a long ways off, although one resides on the premises. Expressing my surprise, the father said, 'Well, what is to be done?' M. is, perhaps, a good doctor, but I have no confidence in him. How so? 'Why, you see,' replied the porter, lowering his voice, 'he gives advice gratis.'" The following, from

the Talmud, is more terse: "The physician who cures for nothing is worth nothing." Similarly, in "King Lear," we have: "*Kent*. This is nothing, fool. *Fool*. Then 'tis like the voice of an unfee'd lawyer."

**OPERATION IN PERITONITIS.**—In the number for May 26th, the *Revue Médicale* relates the following case: A delicate child, of eight years of age, who had not had any serious illness before, came under the care of Dr. Reibel, who reported the case to the Strasburg Medical Society. It was the subject of a generalized peritonitis, which by the tenth day exhibited a great amelioration. On that day a relapse ensued, and the disease assumed a more and more menacing character, so that the child's death seemed to be imminent. Dr. Reibel resolved to evacuate the effused liquid from the cavity of the peritoneum, and wash it out with a carbolic-acid solution. The abdomen having been opened, no liquid was found in the peritoneum, but this was washed out with tepid carbolic acid, and the child eventually recovered. An example of peritoneal tolerance, at all events!—*Medical Times and Gazette*.

**BELLADONNA IN MALIGNANT MALARIAL DISEASES.**—J. W. Kennedy, M.D., of Louisville, Texas, in the *Southern Practitioner* for September, says: In our Southern country, where we have so many cases of malignant or pernicious malarial disease, I would like to call the attention of the profession to the use of belladonna or atropia during the stage of congestion. I have used it for two years past with increasing satisfaction. Atropia hypodermically I deem the best method of administration. I hope those who have not already done so will give it a trial in these trying cases, and report.

**SMALLPOX IN NEW ORLEANS.**—There were nineteen deaths in New Orleans from smallpox for the week ending August 18th.

**SIR WILLIAM MACCORMAC** sailed from Liverpool, on the 23d ultimo, on a brief visit to this country.

**TYPHOID FEVER IN COUNTRY RESORTS.**—It is reported that typhoid fever has shown itself in several country resorts.

**ATTENTION** is called to the advertisement of the Louisville College of Pharmacy for Women, on page vi.



# The Louisville Medical News.

Vol. XVI. SATURDAY, SEPT. 8, 1883. No. 10.

LUNSFORD P. YANDELL, M.D., - - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

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## AMMONIATED CHLOROFORM IN THE TREATMENT OF ZYMOTIC PYREXIA.

Benj. Ward Richardson, M. D., F. R. S., contributes to the *Lancet*, of June 9th, a thoughtful and suggestive article, in which he shows how ammonia combined with chloroform may be inhaled with curative effect in croup, and by the same method be made to do good service in the treatment of zymotic fevers.

His method of preparing the mixture is as follows: A saturated alcoholic solution of ammonia is mixed with an equal quantity of chloroform or methylene bichloride. Any water which may separate on mixing the drugs is removed, and a clear fluid, ammoniated chloroform, is obtained ready for use.

The compound may be administered by placing two fluid drams of it in a small Woulfe's bottle, which is connected with a leather inhaler armed with an expiratory valve. The patient is instructed to inspire till bubbles of air pass freely through the fluid in the bottle, the inhaler being thus charged with chloro-ammoniated vapor which enters the lungs.

Dr. Richardson claims that from the first the ammonia is deprived of much of its pungency by the presence of the chloro-

form, and that after a time, as the narcotic begins to take effect, larger quantities can be inhaled without giving rise to cough or irritation.

The effects of the drugs, when inhaled, seem to extend in four directions: (1) Under the sedative action of the narcotic relief from pain is obtained, and repose, if not actual sleep, is secured; (2) under the combined influence of the vapors there is reduction of temperature; (3) under the influence of the ammonia there is a sustained fluidity of the blood, while free secretion is induced; (4) under the action of the combined vapors an antiseptic effect is obtained, which is always favorable.

The author believes that in these suggestions a new and great principle of treatment may be found, viz: That through the inhalation of suitable medicaments we may learn how to reduce zymotic fever at once with direct precision, without employing drugs which must pass from the stomach slowly into the system by absorption, and out of it again by slow elimination, and which, after all, do not immediately command the position that ought to be attained in the management of acute disease.

Dr. Richardson was led to adopt this idea in 1853 by the successful application of ammoniated chloroform to a case of so-called phagedenic croup. The case was one of many in an epidemic which was then prevailing at Mortlake. Three of the cases proving fatal, and at post-mortem showing a separation of fibrin in the heart, the author, with a view to maintaining the fluidity of the blood, had been led to give ammonia freely by mouth to the patients which subsequently came under his care.

In the case under notice, the patient—a child six years of age—refused to swallow medicinal doses of ammonia; and, as death seemed certain, Dr. Richardson, as a last resort, gave a mixture of ammonia and chloroform by inhalation. This treatment was continued for fourteen hours, with the effect of producing at first a gentle narcotism—during which the quantity of ammonia



was increased—and, after an hour, comparative ease in breathing. In the course of three hours the patient had a loose cough, with free expectoration, although there was continued sleep. The fever rapidly subsided, and when the vapors were finally withdrawn there was quick return of consciousness, with complete subsidence of the acute symptoms. The recovery was rapid and complete.

Recently, at the suggestion of the author, a patient with puerperal fever was made to inhale the mixture every three hours for three days without the slightest discomfort, and with obvious direct advantage.

In a series of observations and experiments commenced soon after the successful termination of the case of croup above mentioned, and continued at long intervals until 1870, the author found that ammonia and chloroform in combination were competent to reduce the temperature of warm-blooded animals, and were also possessed of remarkable antiseptic properties. In proof of the latter assertion he recently exhibited before the Medical Society of London a specimen of blood which had been preserved by these agents in a fluid state, and without a sign of putrefaction, for twenty years.

The direct application of medicines to the parts affected, and the avoidance of that winding way to the seat of the disease through the alimentary canal and portal system, have long been a desideratum with the therapist, and, to satisfy this desire, epidermic, endermic, and hypodermic methods of medication, with inhalation, have been devised, and in many forms of disease applied with good effect. Inhalation, especially in the treatment of respiratory disorders, both functional and structural, and in not a few nervous affections of a painful or spasmodic character, is common enough in practice; but the idea of controlling systemic affections of a zymotic type by this means would seem to be new, and we believe that the method is not without promise of much good.

That the lungs are active eliminative organs is a well known physiological fact, and

that the pulmonary mucous membrane affords us a ready and rapid medium for the introduction of medicated vapors into the circulation is well understood.

In the light of this knowledge, therefore, the value of Dr. Richardson's observations may be recognized, and the *modus operandi* of ammonia and chloroform, when thus exhibited, readily perceived.

By the inhalation of these drugs the circulation is charged with a stimulant antiseptic, whose tendency is not only to destroy the specific poison of the zymotic disease, but to favor its rapid elimination through the same avenue by which the medicine enters the system, while, at the same time, the quantity of watery vapor exhaled by the lungs is increased, with a consequent reduction of temperature.

Thus, at the same time, are three essential prerequisites of treatment secured by a simple combination of drugs which enters the circulation unchanged through a direct avenue of medication.

We believe that this suggestion will be gladly received by the physician, and acted upon with good results, and that this "child's step in an immortal journey," as the author modestly puts it, may prove to be a giant's stride along the highway of medical advancement.

DR. BATELY, in the *Lancet*, states that in an obstetric practice involving two years' time and a hundred and seventy-six labors, he saw but five pairs of twins. From this he is led to believe that writers rate too high the proportion of double to single births.

A curious fact in this connection is that four pairs of these twins were born at a country village, in families living not eighty yards apart; while a few years before, Dr. Smythe had noted the birth of a set of triplets in the same neighborhood.

*Query:* Was multiple pregnancy epidemic in that town, and if so, was the outbreak due to local conditions, or importation of the specific germ?



## Bibliography.

FRESH-WATER SPONGES: What, Where, When, and Who wants Them. Edward Potts, 228 S. Third Street, Philadelphia, Pa.

This is a circular, designed by the author to call attention to the fact that many species of fresh-water sponges exist in our lakes, rivers, and streams, and to ask all who may be interested in zoölogical problems to aid him in preparing a list of our indigenous species.

This list will appear in a work on the subject, which Mr. Potts is now preparing. The habitat of the sponges, the time for collecting them, the points by which they may be recognized, and the means necessary for their preparation and transportation, are clearly set forth.

Any of our readers who may desire to aid in the advancement of science, with the possibility at the same time of stumbling into fame by discovering a new sponge, should send for this circular and carefully follow out its directions.

REMARKS ON HYDROPHOBIA. Read before the Philadelphia County Medical Society, May 23, 1883, by Charles W. Dulles, M.D., Surgical Registrar to the Hospital of the University of Pennsylvania. Reprinted from Philadelphia Medical Times, Aug. 11, 1883.

This is an interesting contribution to the literature of an obscure affection. Dr. Dulles handles the subject in the spirit of scientific inquiry, and brings before the reader many interesting points, among which the vexed question as to whether hydrophobia shall be regarded as the specific result of the bite of the rabid dog, or as a symptom merely of various neuropathological states, is considered at length.

A discussion upon the questions passed in review by the paper, in which Drs. Wood, Bartholow, Mills, Wittig, and other members of the Society took part, is appended, and makes up a valuable part of the brochure.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F.R.S., Fellow of the Royal College of Surgeons, Lecturer on Anatomy at St. George's Medical School. With an introduction on General Anatomy and Development, by T. Holmes, M.A., Cantab., Surgeon to St. George's Hospital, etc. The drawings by H. V. Carter, M.D., late Demonstrator of Anatomy, St. George's Hospital, with additional drawings in later editions. Edited by T. Pickering Pick,

Surgeon to St. George's Hospital; Examiner in Anatomy, Royal College of Surgeons of England. A new American from the tenth English edition, to which is added, Landmarks, Medical and Surgical, by Luther Holden, F.R.C.S., with additions by Wm. W. Keen, M.D. Philadelphia: Henry C. Lea's Son & Co. 1883.

A TEXT-BOOK OF GENERAL PATHOLOGICAL ANATOMY AND PATHOGENESIS. By Ernst Ziegler, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by Donald MacAlister, M.A., M.B., member of the Royal College of Physicians; Fellow and Medical Lecturer of St. John's College, Cambridge. New York: William Wood & Co., 56 and 58 Lafayette Place. 1883.

A MEMORIAL SKETCH OF WILLIAM HERBERDEN MUSSEY, M.D. By Edward Mussey Hartwell, Baltimore. Reprinted from the Annals of the Society of the Army of the Cumberland for 1882.

This address is but a just tribute to the life and character of a noble man.

A REPORT ON LACERATION OF THE CERVIX UTERI. By T. B. Harvey, M.D., Professor of Surgical and Clinical Diseases of Women in the Medical College of Indiana, etc. Reported for the Indiana State Medical Society, May, 1883. Indianapolis: Baker & Randolph. 1883.

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## Correspondence.

### UNAUTHORIZED PRACTITIONERS.

*Editors Louisville Medical News:*

The Medical Record, of August 18th, comments upon a sudden death in New York, and says the jury expressed the opinion "that it is the duty of the authorities to protect the people against unauthorized practitioners of medicine."

This is an eminently wholesome suggestion. It is not a new suggestion. Some authorities have taken hold of it, and are driving out the whole brood of harpies which prey upon human credulity. Illinois is doing exactly that thing to-day. Ignorant pretenders, who go up and down the earth curing cancers and consumption and rheumatism, with less knowledge of pathology and therapeutics than an average mechanic, publish in the city papers their superior skill, attested by names which are never



recognized, extort from the simple-minded man or woman \$25 to \$50 for roots and leaves and barks having as little efficacy as thin air upon a broken bone, and the tolerant world says, "Certainly, let him practice his profession." This same very liberal world demands a license from the engineer who proposes to run a locomotive. Steamboats and railroads are important and valuable properties. The lawyer who deals with your estate also must have a license. Money and lands are precious things, but where only life is at stake any body can attend to that. *Let him practice!*

To a common-sense man the simple statement shows the folly of permitting the uneducated pretender to meddle with life issues. But to the deluded victims it is worse than folly—it is hazardous; it is madness. The most accomplished physician or surgeon feels the hazard of a complicated case day after day, and yet they are educated in a profound science which has been the growth of a thousand years. To him cancer and consumption and rheumatism are terrible realities. He doubts, he hesitates, moves cautiously, does nothing without a reason, a reason supported by the experience of thinkers skilled in the art of healing; but the itinerant charlatan hesitates at nothing, rushes in among tissues delicate and fragile as spun glass, and slashes away with a weapon the force of which he has no knowledge of whatever. Let him practice, do you say? No, sir. I say, with the New York jury, the authorities owe protection to the people—protection against unauthorized practitioners of medicine.

There is too much at stake. Legislators come from the people; they serve the people; they should recognize this as one of the points at which they can do their people infinite service.

In addition to the schools, there should be some power to say, thus far and no farther. The vagabondizing curers who feed upon ignorance and extort money from pain should be called to halt by the authorities and made to show some right of education to dish out their infusions and their washes and their salves.

The legislature can not impart brains or skill or honesty by resolution, but it can say, show your authority before you tamper with human life. Give evidence that you have paid some attention to anatomy and physiology and pathology and therapeutics before you put your rough pretensions to the test upon my people.

Illinois, I say, is driving out these harpies. Kentucky is flooded with just such pretenders. The old State ought not to be a harbor for the outcast vagabonds of other States.

How are they to be driven out? Let the medical journals show the danger of these unlicensed and utterly unqualified practitioners, and then secure the co-operation of the secular press. These united forces will open the eyes of intelligent people, and presently the common voice will demand of legislators some act which will put a check to all irresponsible practice of medicine.

If there is nothing in legitimate medicine as administered by educated men, then throw down the bars and let the herd rush in. If, however, this old art requires some study, some experience, some skill, as in the case of your engineer with his locomotive, then let some restriction be put by law upon him who proposes to practice this art. The interests of humanity require it, demand it. The man who is ignorant of what rational medicine is, or who is careless of humanity, will scout all this; but the duty of the medical press is clear. J. J. S.

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### THE AMERICAN PUBLIC HEALTH ASSOCIATION.

*Editors Louisville Medical News:*

The American Public Health Association will hold its Eleventh Annual Session at Detroit, Michigan, commencing Tuesday, November 13, 1883, and ending Friday, November 16th.

The subjects which have been chosen for special consideration at that time are:

*I. Malaria:* Its etiology and the methods for its prevention in localities or in persons; its American history; its specific particles; its origin; the conditions of its pervasion; its laws of extension, etc.

*II. Foods:* Their adulterations; healthy or deleterious modes of preservation, and the function of legislation in regard to them. Ascertained facts as to adulterations in this country. Facts as to canned goods, condensed milk, artificial butter and cheese, prepared meats, etc.

*III. Vital Statistics:* Methods and results; defects apparent. How far foreign modes of tabulation are to be followed. Systems of collection and classification. Race vitality and the care of population as indicated by statistics.



*IV. The Control and Removal of all Decomposable Material from Households:* The mechanical laws, constructions, and appliances relative thereto. The construction of all inside pipes and their connections, their traps and syphonage, flushing, ventilation. How they shall be connected with out-door receptacles, and yet be free from ill effect.

The Executive Committee by this outline desires to avoid general dissertations on these subjects, and to secure facts and opinions as to practical methods of dealing with the interests of public health. Reasons for the views entertained, the results of experience and the best judgment as to preventive and restrictive measures are especially sought.

Methods and systems of physical education, drill, etc., feasible in the school-room, will be discussed. While papers of merit on other topics are by no means excluded, it is believed wise to concentrate the preparation of papers and discussion upon these topics.

The Special Committees on Compulsory Vaccination, the Management of Epidemics, and on Diseases of Animals, will, before the completion of their reports, be glad to receive communications from any who have facts or opinions bearing on these subjects.

Active and associate members have the same consideration in the presentation of papers, and in discussion. Gentlemen who propose to present papers are requested to notify the Secretary at once, and to give the titles of their proposed papers.

The Executive Committee insists that a synopsis of the papers to be offered, and statement of the time required for reading, be sent to the Secretary by October 15th, and that the paper complete be in the hands of the Secretary at least three days before the meeting, having been sent by mail or express either to his office at Boston, or care of Dr. Wm. Brodie, Detroit, Mich., after November 9th.

The Executive Committee feels warranted in saying that the meeting promises to be one eminently inviting and profitable, and urges the attendance and coöperation of physicians, engineers, architects, teachers, and all those interested in the advancement of public health and physical well-being.

Inquiries of a local character may be addressed to Wm. Brodie, M.D., Chairman Local Committee, Detroit, Mich.

A later circular, giving such detailed information as to local points, programme, transportation, etc., as may be available,

will be issued in due season before the meeting.

If any member entitled to them has failed to receive Vols. VII or VIII of the Transactions (Savannah and Indianapolis meetings), the Treasurer, Dr. J. Berrien Lindsley, Nashville, Tenn., should be notified.

CONSTITUTION, ART. III. The members of this Association shall be known as Active and Associate. The Executive Committee shall determine for which class a candidate shall be proposed. The *Active* members shall constitute the permanent body of the Association, subject to the provisions of the Constitution as to continuance in membership. They shall be selected with special reference to their acknowledged interest in, or devoted to, sanitary studies and allied sciences, and to the practical application of the same. The *Associate* members shall be elected with special reference to their general interest only in sanitary science, and shall have all the privileges and publications of the Association, but shall not be entitled to vote. All members shall be elected as follows:

Each candidate for Admission shall first be proposed to the Executive Committee in writing (which may be done at any time), with a statement of the business or profession, and special qualifications of the person so proposed; on recommendations of a majority of the committee, and on receiving a vote of two thirds of the members present at a regular meeting, the candidate shall be declared duly elected a member of the Association. The annual fee of membership in either class shall be five dollars.

AZEL AMES, JR., *Secretary*.

12 Pemberton Square, Boston, July 16, 1883.

#### *Editors Louisville Medical News:*

Congress having appropriated a small sum for furnishing special surgical appliances to those disabled in the military or naval service, your co-operation is respectfully invited, in order that this relief may reach the class of persons intended to be benefited.

This office is desirous of obtaining authentic information regarding all existing cases of severe and unusual injuries. Should you have occasion to report such, it will be found useful to bear in mind the following points:

1. As no money commutation is authorized, only such cases need be presented as offer a fair prospect of being relieved by surgical or mechanical appliances.

2. Artificial limbs and apparatus for disabled limbs being otherwise provided for by law, the injuries here in view are almost exclusively those affecting the head, face, or trunk.

3. As trusses are furnished under special



legislation, hernia, when not complicated with other injuries, is not to be understood as covered by this appropriation for special appliances.

4. As the appropriation is small, it is proper that it be expended only on the most meritorious cases. It is therefore not intended to furnish appliances which are ordinarily within the means of the individual, nor those that are of a character so perishable that it would be difficult to keep up the supply. Regard is to be had chiefly to the severity of the injury and the ability of the sufferer, unassisted, to procure relief.

C. H. CRANE,

*Surgeon General, U. S. Army.*

WASHINGTON, D. C. Aug. 28, 1883.

## Selections.

**PRESYSTOLIC MURMURS, ORGANIC AND IN-ORGANIC.**—In the *Practitioner* for June are quoted some observations on the organic and inorganic causes of presystolic mitral murmurs, from Dr. A. E. Sansom, in his Lettsomian lecture on mitral stenosis. He describes the two principal forms of contraction—the commoner button-hole variety, in which the adherent valve segments viewed from above form a flat, hymen-like surface, presenting a narrow transverse chink at the center, and the much rarer “funnel mitral,” a hollow cone with a round orifice at the summit projecting into the ventricle. He holds, therein differing from Balfour, that the murmur is not necessarily associated with the final auricular contraction, but, though intensified by this, may be, and often is, produced by the mere force of friction of the inflowing blood during *diastole* after being pent up in the resilient left auricle and pulmonary veins. In support of this view he relates a case in which a presystolic murmur from stenosis co-existed with a left auricle lined with clot, so as to render contraction of its wall impossible. He also urges, as another proof, the fact that the murmur of the mitral stenosis is often more strictly diastolic than presystolic. In such cases it is very difficult to diagnosticate from diastolic aortic murmur, especially when the latter is best heard at the apex of the heart. Another possible source of fallacy is friction from pericarditis over the auricles.

Contrary to the general teaching that this murmur is always conjoined with disease of the mitral valve, Dr. Austin Flint cites cases

to show that a presystolic mitral murmur may occur with a healthy mitral valve. In these cases the left ventricle was dilated and hypertrophied; the mitral valve, post-mortem, normal, and competent, and the coronary arteries narrowed. A systolic murmur existed along with the presystolic. He explains the latter thus: The curtains of the mitral valve are pushed up and apposed, though not firmly, by the blood flowing in from the left auricle during ventricular diastole. Then follows auricular contraction, causing a jet of blood to fall on the central point of the apposed curtains, producing vibration of these and consequent presystolic murmur. He compares this to the vibration of the lips when a current of air is sent through them. He considers gradual disappearance of such a murmur a bad omen, probably indicative of loss of power in the auricular wall.—*Boston Medical and Surgical Journal*.

**URINARY CASTS OUTSIDE OF BRIGHT'S DISEASE.**—In *Lyon Médical* (July 22, 1883) we notice a report of some cases in which casts were found in the urine of individuals suffering from acute non-renal diseases, in whom an autopsy, supplemented by microscopical examination, confirmed the entire absence of any lesion of the kidneys. The first was a man of fifty-one years, deaf, who had pneumonia. The urine was bloody, with a considerable quantity of albumen. The autopsy showed, beside lobar pneumonia, chronic endocarditis without valvular insufficiency, atheroma of the aorta, and a slightly cirrhotic liver. The kidneys were absolutely healthy macroscopically and histologically. During life the urine, examined at first without coloration, showed, besides red blood globules in considerable quantity, hyaline casts, very transparent, quite short, some covered with little granular deposits of epithelial detritus. The examination of the sediment, stained with picro-carmin and osmic acid, showed the same casts in great numbers, some absolutely hyaline, others more or less covered with granular matter.

A second patient was a man who also died of double pneumonia. The kidneys, normal in gross appearance, presented no noticeable lesion of the epithelium microscopically. During life his urine, normal in color, had shown a large disk of albumen. Microscopically, without staining, there were found in the urine numerous waxy and granular casts. The sediment, after staining, showed also many casts, some almost per-



fectly transparent, others formed of granular matter more or less dense, yellowish, and sometimes slightly rose-colored.

Other cases are cited where no autopsy was had on account of the recovery of the patients, but where the author believes, from the subsequent history, that no renal lesion existed. One was of aortic insufficiency and cardiac irregularity, with transitory albuminuria. A few waxy casts were found, but no granular ones. Another man who had acute bronchitis with tricuspid regurgitation and edema had many casts in the urine, mostly transparent and homogeneous, but some with fissured edges, and others granular. In both the cases the albuminuria rapidly disappeared, and the patients were discharged cured.

In view of the interest attaching to such cases, it is to be hoped that further investigations will be made in a sufficient number of instances to cast further light on the question of tube-casts in individuals not having Bright's disease.—*Boston Medical and Surgical Journal*.

IS BACILLUS TUBERCULOSIS THE CAUSE OR THE CONSEQUENCE OF PHTHISIS?—A. T. H. Waters, M.D., F.R.C.P., in his recent address before the British Medical Association (*Medical Times and Gazette*), says: Of the many problems which await solution in connection with the subject which I have just considered, no one is more pressing than that of the dependence, or otherwise, of pulmonary consumption on the bacillus which has been so largely found, not only in the morbid deposits which result from the disease, but in the expectoration of phthisical patients. Should it be found that in all cases of genuine tubercular phthisis the bacillus tuberculosis is present, and should future researches show that the disease is caused by the parasite, a solidity will be given to the pathology of the affection, and perhaps the therapeutics of it will be materially aided. Speaking from clinical experience, I can not but conclude that the disease to which we give the name of phthisis has more than one mode of origin. Further investigation will perhaps clear up the doubt which exists on this point. And here I should like to observe that there are some affections of the lungs which closely resemble, in their clinical features, acute phthisis, and yet which, under careful treatment, do not go on to a fatal issue. Of such cases I have now seen several. Their general symptoms, their physical signs, their

temperature-ranges, made me conclude that I had to deal with cases of acute pulmonary tuberculosis, and I have expected a fatal result, but recovery has taken place. These cases occurred before attention was directed to the presence of bacilli in the sputum of phthisical patients, and no examination of this secretion was made. In instances of a similar kind we shall now be able to use this method of investigation, and possibly it will afford a valuable means of differential diagnosis, and enable us to give, in cases where the bacilli are absent a more favorable prognosis than the general symptoms would otherwise warrant. I may say, in regard to the cases to which I have referred, that they were treated by free nutrition, the administration of quinine, and a somewhat liberal quantity of alcoholic stimulants.

The great point which remains to be decided, and which I hope the discussions which will take place at this meeting will help to decide, is, whether the so-called bacillus tuberculosis is the cause or the consequence of the tuberculous disease.

EXCISIONS AND AMPUTATIONS IN TUBERCULAR SUBJECTS.—Prof. Ollier, in the *Lyon Med.*, thus sums up the conclusions drawn from his extensive practice in this class of affections:

1. Articular excisions performed on tuberculous subjects may be attended with durable success. They allow not only of a local cure being obtained, but also of those general accidents being eradicated which have their source in the absorption of the products of articular tubercular disease.

2. The gravity of the tuberculosis is very variable. It may remain for a long time local, or what appears to be so, so slow is its progress, and so long does it continue unaccompanied by general phenomena. The question of soil (*terrain*) seems to exert a capital influence.

3. It is probable that, in the anatomical group of tubercular lesions, there may be pyogenic affections of different kinds. Histology has not as yet furnished us with the means of making these distinctions. Inoculation and a study of the tubercular microbe will probably allow of our soon establishing differences which at the present time we can only suspect. . . .

4. Articular excisions in subjects who have presented all the anatomical and clinical signs of a tubercular affection have enabled us to obtain cures which have been maintained for fifteen years and more.



5. Amputations should be preferred to excisions in the grave forms of articular tuberculosis, especially in lesions of the lower extremities. We should have recourse to them when it is a matter of importance to suppress without delay a suppuration which threatens life.

6. In principle, amputations offer more shelter against secondary infections than excisions; but they never constitute a radical operation. The deep-seated, inaccessible ganglions, already invaded by the tuberculosis, subsist in the one case as in the other.

7. An excision followed by a complete local cure—that is to say, by the definitive cicatrization of the wound from the operation—does not expose more than amputation to secondary tubercular infection.

8. Hygiene and general medication are of great importance in the modification of the soil in which tuberculosis may become developed. Local modifications may destroy the tubercular tissues, and transform them into stable cicatricial tissue—such modifications, moreover, taking place spontaneously in many subjects, and especially in children. Notwithstanding the inoculability of its products, tuberculosis can not be assimilated to cancer, whether as regards its prognosis or therapeutical indications.

**SPLENECTOMY.**—Rather more than a year ago, Mr. Herbert Collier published a table of twenty-nine cases of removal of the spleen, showing eight recoveries, but an invariably fatal result when the splenic disease was associated with leucocythemia. From this fact Mr. Collier drew the inference that the operation was not justifiable in cases of leucocythemia. In some quarters exception was taken to this view, and it was pointed out that the operation had been employed when the disease was too far in advance, and that it was wrong to infer that the same mortality would attend it if performed at a quite early period and before the general blood-changes were far advanced. A case has occurred in the practice of Franzolini, of Turin, which appears to support this view. His patient was a young woman, twenty-two years of age, whose illness commenced with pain and distress in the left side of the abdomen two years before she came under his care; after eighteen months a large splenic tumor was noted, and some months later an increase of leucocytes in the blood, which at the time of the operation were five times in excess of the normal. The spleen was removed through an inci-

sion in the linea alba, its artery and vein were ligatured separately; it weighed, after removal and when blood had run out of it, fifty-two ounces. The leucocythemia gradually subsided, and had disappeared altogether in four months. This case is certainly encouraging. Dr. A. Blum has recently written an article upon the whole subject of excision of the spleen in the *Archives Générales de Médecine*. His conclusions, based upon a study of the recorded cases, are, that while the operation of splenectomy is practicable and is compatible with complete recovery, it is so often fatal from hemorrhage or shock that it is but rarely indicated. He considers that it is not justifiable in cases of splenic cysts, because they can be cured by other and milder measures; or in cases of hypertrophy, whatever its cause, or in cancer of the organ, on account of the very high mortality. But he points out that in cases of movable spleen with marked and severe symptoms the operation is comparatively easy and successful; while, in cases of hernia of the spleen following an injury, the removal of the herniated portion is so successful that the surgeon is fully warranted in undertaking it.—*The Lancet*.

**HEMORRHAGE INTO THE NERVOUS CENTERS DURING PURPURA HEMORRHAGICA.**—Dr. Duplaix terminates a paper, published in the *Archives Générales* for April and May, with the following conclusions:

1. There exists in the course of purpura hemorrhagica certain cerebral disturbances which are of frequent occurrence, and which depend upon cerebral lesions.

2. These cerebral manifestations are very variable in their intensity. Sometimes they are scarcely marked and pass unperceived, while at others they are sufficiently violent to prove fatal.

3. They recognize as their cause certain modifications in the condition of the nervous centers. Most frequently it is to cerebral anemia that they owe their appearance, but there are cases in which hemorrhages give rise to them.

4. These hemorrhages are most often of but slight extent. They occupy sometimes the meninges and sometimes the cerebral substance, and oftentimes both the meninges and the brain.

5. True hemorrhagic centers may exist without any fixed seat, the consequences of which are the same as those of ordinary cerebral hemorrhage.



6. The hemorrhages, whatever may be their extent, are very rare, and this rarity is explained by the complete cerebral anemia which exists in most of these patients.

7. Their pathogeny does not differ from that of hemorrhages of other organs, but we must take into account the conditions of the circulation and of the vascular changes which have been described, especially in the cases in which intense accidents have been slow of production in debilitated subjects.

8. The clinical manifestations have been very variable, and, while holding in the main some relation to the extent and intensity of the lesions; there are, nevertheless, cases in which, in spite of the existence of lesions, no symptom has been observed during life, and others in which anemia has been the sole lesion observed in patients who have presented marked symptoms. The lesions taking place in centers (*foyers*) are the only ones which have well-defined symptoms.

9. The diagnosis is difficult in most cases, and hemorrhage should be suspected always, notwithstanding the more frequent occurrence of anemia. The prognosis is directly proportionate to the intensity of the nervous accidents.—*Med. Times and Gazette*.

TREATMENT OF PUERPERAL CONVULSIONS BY HOT BATHS.—In a paper by Dr. Carl Breus, in the *Archiv für Gynäkologie*, is given an account of eleven cases of puerperal convulsions treated by diaphoresis produced by means of hot baths. Other means, as the inhalation of chloroform, and the administration of chloral hydrate, were also employed. The convulsions set in at different periods during labor, and in the course of the first day after delivery. In four cases they came on at the beginning of labor, in two after the first stage had lasted some time, in one during the second stage, and in four a few hours after delivery. One only of the eleven cases died. There were present in all the cases albuminuria, together with more or less edema. The baths were employed after the convulsions set in, during and after labor. A case is also mentioned in which forty-five hot baths were given during pregnancy. The author believes that the immediate danger to life in these cases is due to the diseased state of the blood—hydremia—shown by the albumen and anasarca; and that the rational treatment of this condition consists in the production of a rapid change in the blood-

state. This he believes is brought about by profuse sweating, which, he states, diminishes, the quantity of albumen in the urine, and the edema. The hot baths have occasioned no bad symptom in the author's practice; they have not brought on premature labor when used during pregnancy, nor have they occasioned hemorrhage when employed soon after labor.—*The Medical Gazette*.

THE TREATMENT OF HEMORRHAGIC MALARIAL FEVER.—In Dr. McDaniel's experience (he reported eighteen cases in the *Medical News*, July 21st), no cases treated with quinine recovered; and in Dr. Webb's (thirty-three cases reported in the *Medical News* of September), none treated without quinine recovered. Statistics are proverbially unsatisfactory; but these results are, at first thought, confounding. In such an important matter as this, however, one is inclined to look below the surface and seek an answer to the question, Had I hemorrhagic malarial fever, would I prefer to be treated with quinine or without it? Such an examination can not fail to discover the following: In the first place, this disease is acknowledged by all, including Dr. McDaniel, to be malarial in its origin, for which, at some period of the disease, quinine is generally acknowledged to be a suitable remedy. Again, although it is true that all of Dr. McDaniel's cases treated without quinine recovered, more than half (59.33 per cent) of those treated with quinine also recovered; and it does not follow that if those which recovered without quinine had been treated with it they would have died. Further, if we sum up the cases of both writers, it will be noted that out of fifty-one cases in all, thirty-eight were treated with quinine and thirteen without. Of the former, thirty recovered and eight died. Of the latter, thirteen without quinine, seven died and six recovered. So that from either point of view the result seems to be in favor of a quinine treatment.—*Medical News*.

TREATMENT OF INFANTILE GASTRO-ENTERITIS.—From observations made in the Children's Hospital at Pesth, Dr. Epstein concludes (*Prager Med. Wochens.*) that a liquid diet, poor in fatty matters, is the basis of treatment of gastro-enteritis in young infants. He recommends particularly an albuminous beverage, obtained by beating up the white of an egg with a pint of water, previously boiled, the resulting mixture being then carefully filtered. At the Pesth Hospital



this is prepared fresh three times daily, and is kept in a bottle well corked and placed on ice. In a word, all precautions are taken to prevent the introduction of micro-organisms into the system. Nursing from the breast should be completely stopped for the first few days. Every three hours two ounces of milk at a lukewarm temperature may be given to the child, either with the bottle or by spoonfuls. The child should not be put back to the breast until the loss of flesh, which is considerable at first, is compensated by gain. Again, when at the commencement there is violent vomiting and rejection of yellowish curds, Epstein washes out the stomach daily, for from eight to fifteen days, by means of the esophageal tube. As regards direct remedial measures he employs the following potion:

R Sodæ et magnes. benzoat., . . . . . ℥iv;  
 Sp. vini gall., . . . . . ʒss;  
 Aquæ, . . . . . ʒvj.  
 M. Sig.—Teaspoonful every two hours.

NECESSITY OF EXPOSURE OF SOFT CHANCRES WITH REGARD TO TREATMENT.—Percy Potter, F. R. C. S., writes to the *Lancet* as follows: Too often one sees in the hospital practice a condition of sloughing phagedena which has extended around the corona and involved the glans, with a history of its having begun as a small sore. These cases are much worse where the prepuce is long, for the pent-up putrescent discharge finds no escape owing to the edema, and the mischief commencing as a chancre involves the opposed surfaces of mucous membrane, and sooner or later the whole glans and foreskin are one sloughing, offensive mass. Besides several others which have lately been admitted, there are now under treatment here three patients the subjects of extensive sores of the penis.

In the first case phimosis had existed one week; there was a fetid discharge from the orifice; no sore felt on external manipulation, but a large ragged ulcerating surface, covered by a detached slough, was exposed by an incision through the prepuce; this ulceration surrounded the neck of the glans, and had invaded the tissues nearly down to the urethra. Again, in the second case we had to deal with a sore of the corona, and another at the urethral orifice; both these had the appearance of extending, and were completely hidden by a long edematous foreskin.

The third case was characterized by sloughing phagedena of the penis and fore

part of the scrotum, with brawniness of the perineum and pubic region. Here multiple incisions were made, tension relieved, and the sloughs removed. The surface of the penis was black and gangrenous. The above patients are up and about the ward, and shortly will take their discharge.

The plan advocated is simply to slit up the prepuce upon a director with a curved bistoury, without anesthetic. The fear sometimes entertained that the recently cut surface may become specifically affected is practically groundless, so long as it is kept clean. The form of local application is second in importance to the prevention of coaptation of the opposed mucous surfaces.

As gonorrhea is so frequently concomitant with chancre, it is obvious that this can only be diagnosed and treated with certainty by completely exposing the orifice of the urethra. The formation of bubo with its long-lasting sinus is obviated, the local treatment of sore greatly hastened, and the prevention of cicatricial tissue between the glans and prepuce prevented by the above operation, and I think the results are superior to circumcision, because the incision is not so long in healing, and the organ is rendered by no means more unshapely than by the complete removal of the foreskin.

The object of these brief remarks is not to claim any novelty or originality in the treatment, but to enforce the importance of exposing the mischief early, so that it can be treated locally with the best possible result.

ARBUTIN.—Arbutin is obtained from bearberry leaves, *Uvæ ursi folia*. (Dr. H. Menche, in *Centralblatt für. Klin. Med.*) He finds that it acts in many cases as a valuable diuretic. Large doses may be taken without any ill effects. It passes in the urine partly in the form of hydrochinon, which is closely allied chemically to phenol. Urine containing hydrochinon becomes, by standing, of an olive-green color, just as happens in carboloria. Arbutin is of service in urethritis even of a specific nature. Brieger has employed a solution of hydrochinon as an injection in gonorrhea, but the internal administration would seem to answer the same purpose. Arbutin is a glucosate (a compound of glucose with an acid—e.g., tannin), and occurs as fine white stable acicular crystals, soluble in water, of neutral reaction, odorless, and of slightly bitter taste. The best mode of administration is in the form of powder dissolved in a tablespoonful of water. Patients do not complain of its taste.



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CHOLERA: ITS WINTER ASPECTS—THE  
LAWS REGULATING THE CAUSE.

BY T. S. BELL, M.D.

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To the numerous inquiries that have been very sensibly and honestly made upon the subject of these papers, I shall endeavor to speak as intelligibly as may be in my power. I preface the first of these inquiries with an account of what occurred in the lecture-room during my first course of lectures. I had already introduced some facts bearing upon the cause of the disease in the lecture of the day before. When I entered the room I found lying upon my desk this question: "You say that the cause of cholera is solar temperature of a high and persistent degree, vegetable decompositions, and moisture. Will you please to account for the fact that it raged in Montreal when the snow was eight feet deep?" The pertinence of the question was at once admitted, but I said that I would not be caught as the Royal Society of England was by Charles II. By virtue of his sovereignty he was president of the society. At one of its meetings he propounded the problem, "Why is it, that if you place a fish of several pounds weight in a tub of water, the tub of water does not weigh any more after the fish is placed in it than it did before?" "At the next meeting of the society Charles was present, and occupied the chair. Several ingenious papers were read, in which attempts were made to solve the problem. After listening to these learned essays, the King asked whether any of the members had experimented with the fish and the tub of water, in order to ascertain whether there was any truth in the statement of the problem." No one of

them had paused to think of that. They had gone prancing after lights as false and bewildering as those of Saint Elmo, as Hoole says:

"And sudden breaking on their raptured sight  
Appeared the splendor of Saint Elmo's light."

The experiment had not been made. There was not an element of truth in the King's problem, and the "science," falsely so called, that attempted to account for the impossible was all thrown away. I stated that nothing of the kind had occurred at Montreal. There might have been a very few cases under the law of latency. But the inquirer was asked why he used such a large word as raged for a few cases, and so cut himself off from its employment when it might be proper to use it.

But I proceed to pay my respects to this feature of the question. The law is that it is a hot-weather disease. It appears in hot climates; and, in nine thousand nine hundred and ninety-nine cases out of every ten thousand endemics of cholera, they have appeared in hot weather. The observation has been well nigh universal that cold weather puts an end to it. For example, one instance in hundreds: In December, 1848, in New Orleans, the solar temperature was very high and exhausting. The ravages of cholera were dreadful, and they continued until the 20th of January, 1849, when a change to severe cold weather arrested the progress of the endemic. This has been uniformly noticed all over the world. Now, that which arrests the action of a cause can have nothing to do with its creation. Let us look at that history which Bolingbroke well and truly says is philosophy teaching by example. In 1748, Bethlehem, in Connecticut, was celebrated among the colonies for its healthiness and its schools. Nearly all the colonies sent pupils to the schools. Bethlehem has three valleys running through it



from north to south, and a stream runs through each valley. The soil is very fertile. A man built a dam across these streams in order to flood fifty acres of land, to deaden the timber on his land. In the spring of 1750 he broke down the dam, exposing an immense surface of decomposed and decomposing vegetable material of a moist character to the action of the sun. A frightful pestilence of intermittent and remittent fever soon showed its ravaging qualities. It carried off a number of the inhabitants. The children were speedily removed from the scenes of the disaster. But little was then known, even among physicians, of the potential cause of this disaster. The name of Lancisi, who developed the powers of this noxious agent in 1717, had never traveled to Bethlehem in 1750, and the people were utterly ignorant of the source of the evil. The sun dried up the marsh, the land was cultivated, and health resumed its sway. In 1760 a similar damming was resorted to, and was broken down in November of that year, just in the verge of cold weather. Another pestilence began in November, and carried off forty of the most robust of the inhabitants. That taught a lesson that has lasted until now.

Now these were specific fevers, from a specific cause. Nothing of the kind was ever known at Bethlehem prior to 1750. From that time to 1760 nothing similar to it was known at Bethlehem. Inasmuch as these specific forms of intermittent and remittent fever were developed there in 1750 and 1760, and were of the same character as those developed annually in the Campagni di Roma, and in many other parts of the world, they were of necessity from the same cause.

In the Campagni di Roma, the cause has been daily in its action for centuries; but it never was at Bethlehem until 1750, and then the reason for its presence there is obvious. The exposure of a mass of decomposing vegetable material, moist in its character, to the action of the sun in high and persistent hot weather has been recognized as a fruitful source of endemic disease wherever these elements are found existing together. But one of the outbreaks at Bethlehem was in cold weather; it was, however, analogous in its character to the former outbreak in hot weather. This one in cold weather, though very fatal to those attacked, was less extensive than the first endemic in hot weather, because the cold weather soon put an end to the cause.

A number of those cases in November were from latency, which has been fully explained in the former articles on cholera, and they were of course as fatal as the early cases. When a disease, the cause of which is produced in hot weather, occurs in cold weather, which is a very rare event, it will be found that it takes place in a climate where the transition from hot to cold weather is sudden. The cause, incubating during the hot weather in such circumstances, may not break into activity until cold weather suddenly appears.

The British army encamped below New Orleans, in 1814, which made the attack on Jackson's forces suffered one of the most terrific defeats ever inflicted on a British army. It was perfectly disastrous. As we look over the returns of the killed, wounded, and prisoners, we are appalled at the results. But in the conflict of the eighth of January Jackson lost but seven men.

In turning to the report of the Medical Director of the British army, Dr. Robinson, we find a report of continued disaster to the British army from an unseen enemy that sprang into being from the marshes of the Mississippi. An endemic dysentery, beginning in Louisiana, hung about the British forces until they were distributed to the British possessions in the Atlantic, and, in a large number of instances, persisted in its attacks until the arrival of the troops at home. It was nearly if not quite as destructive to life as the artillery powers used by Jackson. In all cases of this character the cause *acquired* in hot weather is *exhibited* in cold weather.

One of the great physicians of South Carolina, in the early part of this century, was Dr. Davis, of Columbia. In November, and into the winter, he found cases of intermittent and remittent fever exclusively in localities that were visited by autumnal fever during the preceding fall.

Dr. Trent, of Richmond, Virginia, bears testimony to the same state of facts for Richmond, in 1815.

In 1814 there were severe attacks of intermittent and remittent fever in Fauquier County, but they all occurred about Woodsides' Marsh, which had been visited severely in the fall.

In 1822, at Winchester, Virginia, there were frequent attacks of fever in winter, but they followed a severe endemic in the fall.

In 1823 the fall at Winchester was healthy, so was the winter.



In 1824 the fall was sickly at Winchester, and so was the winter.

In 1825 the autumnal months at Winchester were sickly, and so of the months of December and January.

In 1797 Philadelphia was scourged with yellow fever; cases continued to occur throughout the winter. In 1794 there was yellow fever in the autumn, and cases, clear and fatal cases, of yellow fever were seen in November, December, and January. In 1799, after severe yellow fever in the autumn, in Philadelphia, some cases of a fatal character were seen in January.

Cleghorn's work on the Diseases of Minorca is deservedly one of the classics of British medicine. There are few books more alive with facts of the very best character than this. Dr. Fothergill, one of the first physicians of his day, said of this book, "It is a model for future medical writers." Over a hundred years ago he described the fearful fevers of Minorca, and was bewildered with the fact that he found severe cases in the depth of winter. He was sensible that the cases were due to a cause produced in hot weather, but was unable to account for their appearance in winter. He was not acquainted with that great feature of the cause of these diseases, latency, and was bewildered by it. He who is unacquainted with it is deficient in a knowledge of one of the principal and most constant attributes of this poison.

Dr. Miller, an eminent physician in the past century in the city of New York, who was one of the most learned and accurate men of his day in his knowledge of yellow fever and of its cause, was greatly bewildered when he met a case of yellow fever in February. He knew that the man had been in the locality the preceding fall that engendered the yellow fever extensively, but it was difficult to account for the cause being carried through November, December, and January, into February before it awakened into activity, and that this should then be fatal.

James Johnson, one of the most deservedly renowned men that ever graced the editorial chair of medical journalism, and one of the most graceful writers that ever adorned medical literature, records a fact in yellow fever that should be very deeply imprinted upon every mind, not only every medical mind, but upon every form of intelligent mind.

I have ever been delighted with Saint Augustine's vivid description of a scene

in a Roman theater. At the first performance of one of the plays of Terence, when for the first time there burst upon the Roman mind the sublime sentiment of Terence, "I am a man, and nothing that relates to man can be foreign to my bosom," Saint Augustine says, "the immense auditory arose as one person; it electrified every heart, and loud and tumultuous cheering greeted the living sentiment that had been breathed into it." So I feel about certain vitalities in my profession, and this is one of its cherished possessions. No matter where any one may be, at home or abroad, on land or the sea, the great truths connected with this law of latency in this poison should be carried in a wallet of the memory from which it may be drawn when needed. But more of this directly.

To return to the observation of Dr. James Johnson: He says that a green regiment, that is, one unacclimated, arrived from England, and was landed at Calcutta. A high solar temperature was prevailing then at Pondicherry. The Governor General ordered the regiment to be transferred to Pondicherry. The medical officers at Calcutta, experienced in Indian affairs, pleaded with the Governor General to change that order. Pondicherry was then on the eve of its regular return of yellow fever, and he was assured that if this regiment were sent there it would be destroyed. He did not heed this salutary warning, and the regiment was sent. Within three weeks after the Governor General found, from the medical reports transmitted to him, that one half the regiment were either dead or in the hospital on a rapid march to their graves. He was awakened at last to his duty. He gave the order for the transfer of the invalid regiment from Pondicherry to Nain, a sanitarium up in the Himalayan region, where the acquisition of malarial disease is unknown. A barracks at Nain received orders to prepare for the suffering regiment. One half of the barracks was thoroughly cleansed for its reception. Now, what occurred? During four months the men at Nain and the invalid soldiers messed together, drilled together, and were in unison in their general enjoyments; but the men from Pondicherry continued to develop yellow fever throughout a period of four months. As they acquired the fatal poison at Pondicherry, and the soldiers died there, the disease continued to develop this fatal form at Nain, for, be it remembered, that the type of disease acquired at any locality, whether it be intermittent or remit-



tent fever, cholera, yellow fever or dysentery, will be developed in that form under this law of latency, no matter how long the period of latency may be. There are epidemics of yellow fever, called walking cases of yellow fever, which are essentially fatal, although the victim may seem to have nothing the matter with him. If the poison is acquired in such a locality, no matter how long it may be carried in a latent form, it will develop in that form of disease that was predominant in that locality. There are many cases of it that are apoplectic; if the poison is acquired in a locality of that kind that will be the outburst of the latency, no matter when it may come. And in view of these truths, can any one be surprised that I am desirous of impressing this great truth upon my readers? The life of every soldier transferred from Pondicherry who died from yellow fever could and would have been saved from that death by the salts of Peruvian bark, carried to cinchonism before the latency became active; after that, scarcely any hope may be indulged for any remedial measure. In cholera there is no ground for hope.

The demonstration is complete, I think, that intermittent, remittent, and yellow fever may appear in winter. Should it be incredible, then, that cholera, springing from a kindred cause, may, under circumstances well understood and perfectly obvious, appear in wintry weather? But let this be very usefully remembered: In no instance known to me has any endemic cholera appeared in wintry weather in this country. The laws of its existence require a high and persistent solar temperature, moist vegetable decompositions; and, when there is an apparent departure from those laws, we should endeavor to know what has caused the apparent aberration instead of flying into space on a bootless search. Our reasoning faculties were given us to use, at least in emergencies not to lay aside or discard.

The laws of this curious poison are clear and well pronounced. In its lowest or mildest form, it is never made under a daily mean of solar temperature of less than  $60^{\circ}$ ; in no instance has  $59.75^{\circ}$  ever been known to manufacture it. Abundant observations establish this as a fixed immutable law. The surface of the ground may be dry, but water may lurk beneath it with ruinous consequences to the inhabitants, an observation based upon thousands of occurrences, one of which we gave in connection with the catastrophe on Market Street, between Tenth

and Eleventh streets, in 1850. The poison manufactured at the surface of the ground is evidently heavier than the atmosphere, because, though it may wander over a very extensive surface, it can not rise far above the surface, or, as Hennen says, in his great work on the "Medical Topography of the Mediterranean," it can not walk up-stairs; but let it be well borne in mind, as inducive to cleanliness and conducive to health, damp filth in the upper rooms of a house may engender the poison in those upper rooms. This is a rare occurrence, but as it has happened it may happen again. The poison always acts after sunset; hence the necessary care then. The direction of the night wind toward sleeping apartments on the ground floors must be known in order to determine whether there is danger or security. Roman laws require that the gates on the western side of the city, next the Campagni di Roma, and the doors and windows on that side of the city shall be closed before sunset. If the night wind were across Rome westward, over the Pontine marshes, this precaution would be unnecessary. I speak of the ground floors. In an observation of fifty-one years, I have never known a single deviation from the fact, that while the ground floors are the scenes of the attacks of cholera the upper rooms are exempt. If there were any exceptions to this rule, under my observation, I should unhesitatingly mention it, because my object is to instruct in truth, and I will utter nothing of a theoretical character without mentioning that that is the nature of the remarks. Surely, an experience of fifty-one years in wrestling with this disease, and a thorough reading of every account of it worth studying, have entitled me to speak understandingly on this important point. In the severest cholera outbreak that can take place, those who sleep in the upper rooms of good houses are exempt, while the sleepers on the ground floors are attacked. I have seen so many hundred instances of this truth, that I should as soon doubt that twice two are four as that I should feel any dubiety about this great preservative principle.

When cholera invaded St. Petersburg, in Russia, a company of French players were running the theater. It was immediately closed. The French company consisted of fifty members. The company divided, twenty-five remaining in St. Petersburg and twenty-five going over to an island in the Neva, opposite the city. Those who remained in St. Petersburg all died of cholera; those



who went to the island all escaped. This island has a hedge of living evergreens entirely around it to guard the inhabitants against intermittent and remittent fevers. It proved to be equally effectual in preserving them from cholera. There was not a case of it on the island. The reader will remember the instance I gave in the sketch of cholera in Louisville, of the preservative power of living vegetation in guarding a family who had no other protection, while their immediate neighbors suffered from the disease. With an intimate acquaintance with all the facts of the cases, I do not know of any thing but this living vegetation that protected this family. If space permitted, I could name many villages of India that have ever been protected from cholera by this means, while those without it were assailed. I have already shown how conspicuously the law of the latency of the poison shows itself in attacks of cholera, and the protective power of the salts of Peruvian bark in preventing this latency from becoming active. This power of Peruvian bark is potent in all cases in preventing the poison of malaria from manifesting itself, and upon that single fact I should be willing to rest the question of the malarial origin of any disease that thus benignly responds to the influence of Peruvian bark. For a long period of time, fully two centuries, the death-rate in the British navy was one in every eight. Various means were resorted to for the purpose of changing this frightful mortality, but the evil persisted. At length the Admiralty of Great Britain were awakened to the fact that they were dealing with a foe, a silent, invisible enemy, much more potent than any they met in the ranks of their recognized foemen. The army returns showed, conclusively showed, that this invisible enemy destroyed many more men than any of the recognized casualties of war. It was found that the boat-crews who were sent to islands or on shore for wood and water did not return; and, upon searching into the cause of the failure, it was discovered that every one of them had died during the night. The meaning of this finally became obvious, and peremptory orders were given, prohibiting any boat-crew from being permitted to remain on land in any tropical or equatorial climate at night. But a still more useful provision was made, by which a vessel can not get its clearance papers until satisfactory proof is furnished that it has an ample supply of the salts of Peruvian bark to administer a dose every day, upon approaching tropical latitudes,

to every person on board the vessel. No boat is permitted to ascend African rivers, for example, without this precaution. Under these regulations and those akin to them, the death-rate now in the British Navy is 1 in 72 instead of 1 in 8. The British Navy has, for a number of years, owed its potency in a great measure to the prophylactic powers of the Peruvian bark.

The greatest exposure during the day, in the most virulent form of this poison, does not, can not imperil the health of any person. It exerts its power after sunset. Hence the reason why the attacks are at night. The fact is susceptible of clear demonstration that, in at least ninety-five in every hundred cases of yellow fever, the attacks are in the night. The night-seizures in cholera are fully in this proportion. Another very important fact connected with this feature of this poison is, that exposure during the night is not baleful if a person moves about. We have this conspicuously displayed in the history of the Pontine marshes. No one, during the past three hundred years, ever slept a single night there without dying. But there are farms in these marshes that are worked. The owners of the land hire the neighboring mountaineers to prepare the land and put in the crops. But these healthy mountaineers well know the certainty of death if they sleep at night; for this reason they keep in motion during the night, working on the farms when they have the light of the moon, and sleeping during the day. These occurrences have been under observation for centuries, and have made this an immaculate truth, that there is no danger, in the worst locality, except to the night-sleeper. Instances have been noticed, in which tired, weary men, worn out by the heat of the day and their labors, have lain down to rest by the side of some of the ditches in the Pontine marshes, have fallen asleep, and in fifteen minutes have been found by their comrades cold and stiff in death. The fact which I am endeavoring to enforce was abundantly confirmed in the history of the Maremma di Lucca. For more than three hundred years, that fair and fertile region was deserted by all its inhabitants from the latter part of June until the latter part of October, or sometimes into November. Their crops and property were left in the custody of watchmen! They walked about at night in a stratum of air that was innoxious to them while they kept awake, but which would have been fatal to their health or lives if they had slept in it.



These watchmen slept in the hours allotted to their sleep, in watch-towers erected for them, which were so much elevated above the ground surface that they could sleep in them at night without danger. These facts are consonant with universal experience. The skilled florist can go into a garden and tell the name of every flower by the marks that designate its species. This poison is specific; it has attributes, as such, that distinguish it from every thing else, and there is no one of its marks that designates its presence more certainly than its night-power upon the sleeper. I have often confirmed its truth in my own experience. I have spent three weeks, at night, in a locality of the most virulent form of cholera poison, without being touched by it. I escaped by not sleeping in the locality at night. All the great masters of our profession, such men as Miller, of New York city, Davidge and Potter, of Maryland, Caldwell, Devese, Rush, Merrill, Simmons, of South Carolina, and Rush and Reese, and Carr, author of the "Stranger in Spain," amply confirm its truth.

In a very sensible note, which was received a few days since, I am asked for an explanation of the fact that this poison attacks only the person who sleeps in its presence at night. I wish it were possible to give a satisfactory explanation. Nature has wisely provided a safeguard for us in this wakefulness, and it has preserved the lives of many myriads, but how it does it we do not know. We must be contented with the fact that it does save us, without being able to explain the reason why. Of the truth, that wakefulness in this noxious night air saves us, there is no more room for doubting than that the usual color of the rose is red, and that a blue dahlia is one of the impossibilities of floral art. Let us remember and profit by that which we know in this great field of human interest.

Dowden says pertinently and truly, in his "Critical Study of Shakespeare's Mind," a man does not attain to the universal by abandoning the particular, nor to the everlasting by an endeavor to overleap the limitation of time and space. We do not know a great deal about Shakespeare, that is, there is an immense deal about him of which we know nothing, but it is a matter of grief that his great life was cut off by the poison whose multiform aspects we have endeavored to survey in this series of papers.

Mr. Halliwell shows, by an extract from

the corporation books of Stratford on Avon, that Shakespeare died from a malarial fever brought on by the filthy condition of Chapel Lane, adjoining his residence. It is sorrowful, grievous to humanity to think that two such prolific lives as those of Shakespeare and Cromwell might have been prolonged, greatly to the benefit of mankind, by the magic powers of the salts of Peruvian bark, and that no one then knew how to do it.

LOUISVILLE, KY.

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## Miscellany.

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AMERICAN DEGREES.—An American Graduate and British Licentiate in Medicine writes, in the *Lancet*: Your correspondent, "a British practitioner resident in the States," appears to have an object in discrediting medical education in America. He is certainly in error when he says that "there is not a single institution in America that grants degrees equal to any diploma obtained from a British Corporation," for it is quite possible in Great Britain to obtain a license to practice medicine without undergoing any examination whatever in surgery (and I know several holders of the L. S. A. and L. A. H. who not only practice surgery, but style themselves surgeons and M. D.'s), while in all the American colleges it is a *sine qua non* that every candidate shall pass satisfactorily in the seven subjects—anatomy, physiology, chemistry, materia medica and therapeutics, medicine, surgery, and midwifery. It is true that there is no compulsory examination in general education at some of the schools, and that the minimum time required by the law to be spent in medical study is but three years, but he forgets, at the same time, to state that the average age of the American medical student is greater than that of the British, and that a very large number of them are men who have for years been teachers in schools, and who, by their own exertions as such, have saved the means wherewith to qualify themselves as physicians; hence, there is not the same necessity for an examination in general knowledge. It is also an undoubted fact that the American medical student is, during his course of study, a much harder worker than the British, most of the colleges keeping their dissecting-rooms open till ten o'clock at night, while the professor of each subject holds an examination of his class at least once a week. It is also com-



pulsory on students to attend at least two full courses of lectures on each subject, and although their attendance is not registered, yet, as a matter of fact, based upon an experience of the medical schools of both countries, I am able to state that the lectures are much better attended than at any medical school at which I have been in London. In conclusion, I might ask, "Is it a fact that the average British practitioner of either medicine or surgery is in advance of his American *confrère*?"

**A POLLUTED SPA.**—A curious instance has just been brought to light of the contamination with sewage-matter of a well that has long enjoyed a high reputation for its salutary virtues. (British Medical Journal.) Brow Well, in a small village on the shores of Solway Firth, is where the great national poet, Burns, by the advice of his medical attendant, spent the last fortnight of his life in a despairing effort to repair his shattered health. Professor Dewar's analysis shows the water to be of an unique description, and suggests that it may have valuable medicinal properties; but, at the same time, it reveals the fact that it is strongly tinctured with sewage. It seems probable that the drainage from the adjoining cottages and pig-sties, and from the heavily manured lands in the neighborhood, finds its way into the well. Professor Dewar thinks that it ought to be closed, in the interests of the community, until means can be taken to insure its purification. Large numbers of invalids resort to it at this season of the year, and drink freely of the water, of which the regulation quantity is *six pints per diem*.

**DRINKING-WATER.**—"My experiments," says Mr. Kingzett (British Medical Journal) "showed that it is possible to introduce fifty fluid grains of a putrid extract into a gallon of chemically pure water without taking it out of Dr. Tidy's class of 'waters of great organic purity.' Similarly, one hundred and seventy fluid grains could be introduced with the result of obtaining a water of 'medium purity,' and two hundred and fifty-five fluid grains would only make the water of 'doubtful purity.' The putrid extract here referred to was swarming with organisms, and doubtless contained sepsin, which Dr. Burdon Sanderson has proved to be a blood-poison. In the face of these facts, what reliance can be placed upon the oxygen progress of water-analysis? Hav-

ing asked the question, I will also answer it by saying, None. Physiologically, Dr. Thorne Thorne, in his inquiry at Caterham, demonstrates irrefutably that a relatively minute pollution of enormous bulks of water with specific organisms—such as no chemical analysis, however delicate, could pretend even qualitatively to detect—is capable of imparting deadly qualities to the water-supply of a large district, and of diffusing enteric disease throughout a whole population."

We have been honored by the following invitation. May this venerable and noble school, of which all Americans are proud, ever receive the patronage it deserves.

*Dr. Lunsford P. Yandell:*

The Medical Faculty of Harvard University request the pleasure of your company at the celebration of the One Hundredth Anniversary of the Medical School, and the dedication of its new building, Wednesday, October 17, 1883, at 11 A.M., at Huntington Hall, Massachusetts Institute of Technology, Boston.

R. S. V. P.

The programme is as follows: Address by the President of the University; Oration by Emeritus Professor Oliver Wendell Holmes; Presentation of a Portrait of Professor Holmes and a Bust of Professor Henry J. Bigelow; Prayer by Rev. A. P. Peabody, D.D.; Dedication of the new Building to the purposes of medical instruction; Reception of Subscribers to the building-fund, and invited Guests, by the Medical Faculty; Exhibition of the building. Lunch will be served from 1 to 2.

**IMPURE ICE.**—It is still a popular fiction that impurities in some way separate from water as it freezes into ice, and that water-ice, as ice, must of necessity be pure, whatever the impurities of its source. (British Medical Journal.) Of course, this is not so. Ice not only includes all the suspended or dissolved impurities of the water from which it is derived, but it also probably perpetuates the vitality and activity of certain organisms which it may contain, by preserving them from decomposition. In *hard winters a great deal of impure ice is collected from many questionable sources*, and is sold and used for domestic purposes. None but ice of indisputable purity can be safely swallowed. We are afraid that large quantities of dangerously impure ice are distributed to the public by itinerant venders of cheap ices, who, in warm weather, seem to drive a thriving trade in our streets.



**TRICHLORIDE OF PHENOL.**—This substance, which has been experimented upon by Dr. Dianin, and described by him in the *St. Petersburger Medicinische Wochenschrift*, is prepared by mixing carbolic acid and chloride of lime. (British Medical Journal.) Its antiseptic properties are said to be more active than those of any other substance used in medicine (twenty-five times more so than carbolic acid), and a small quantity stops fermentation. It is not only an antiseptic, but also a deodorizer, while its own smell may be disguised by oil of lavender. Dissolved in water, it does not cause irritation. Dr. Dianin recommends the use of trichloride of phenol in cases of soft chancre, diphtheria, and other gangrenous affections. Its sodium and calcium salts also exhibit antiseptic properties; the former has no smell, and the latter is cheaper than phenol.

**TOBACCO-SMOKING NATIONS.**—A statistical comparison, recently published, showing the relative extent to which various nations are addicted to the use of tobacco, gives the proportions as follows: For England, France, and Russia, five; for Italy, seven; for Cuba, eleven; for Austria, fourteen; for Germany and North America, fifteen; for Belgium, twenty-four; for Holland, twenty-eight. Mexico, however, even surpasses Holland, for there every one is a smoker. The school-children who have done best in their studies are rewarded by being allowed to smoke a cigar as they stand or sit at their lessons. The schoolmaster himself is seldom without a cigar in his mouth. In the law courts all persons commonly enjoy their tobacco freely, and even the accused in a criminal trial is not denied this indulgence.

**QUARANTINE IN EXCESS.**—A German merchant, a few days ago, received a telegram from Damietta. Noticing that it had been detained twenty-four hours, he made inquiries, when he was told that the telegram came from a cholera-stricken district, and they were compelled to disinfect it according to the regulations of the authorities!

**HIGH DEATH-RATE OF ST. PETERSBURG.**—The annual death-rate is over fifty-one per thousand. This excessive mortality may be largely accounted for by the quality of the water supplied to the inhabitants. Louisville's annual death-rate is only seventeen per thousand.

**TRI-STATE MEDICAL SOCIETY.**—The Committee of Arrangements of the Tri-State Medical Society, which meets in Indianapolis, September 17th, desire physicians coming over the J. M. & I., Indianapolis & Vincennes, Cinn., I., St. L. & C., to write immediately to Dr. T. B. Harvey, Indianapolis, for certificates entitling them to purchase round-trip tickets over said roads at reduced rates. Be careful to mention names of roads over which they come.

Those coming over the Ft. Wayne, Cinn. & Louisville, Cinn., Wabash & Michigan, and Evansville & Terre Haute, can secure round-trip tickets without certificates.

Delegates coming over the C. C. C. & I., Vandalia, C., H. & D., and I. P. & C., will receive certificates at the association for return tickets at reduced rates.

**IODIA AND BROMIDIA** have become widely popular medicines, and are indorsed by some of the best men in the land—iodia as an alterative, bromidia as a nervous sedative and hypnotic.

*Cocalac*, a combination of coca and the cereal lacto-phosphoids, is claimed to stimulate without reaction. In nervous exhaustion from any cause, and in the distressing depression following excesses in coffee, tobacco, and alcohol, cocalac should give great comfort. These remedies are produced by the well-known chemists, Battle & Co., St. Louis.

A CASE of death from a wasp sting has just occurred in the person of Miss Arkwright, aged fifty-five, of Mark Hall, near Harlow, who died within half an hour after receiving the sting on her little finger. (Medical Times and Gazette.) At the inquest it was stated that she fainted almost immediately after being stung, and never recovered consciousness. Dr. Day deposed that death ensued from syncope, produced from excessive pain caused by the wasp-sting.

**A MEDICAL ATTENDANT'S BILL.**—"I understood you to say that your charges would be light," complained a patient when his doctor handed him a tremendous bill. "I believe I said my fees would be nominal," was the reply; "but —." "Oh, I see," interrupted the patient, "*phenomenal!*"

**NOUNS** or names are the subject of thought; all other parts of speech are the mere setting in which nouns are placed.—*Dr. Broadbent.*



THE BEEF PEPTONIDS of Reed and Carnrick, made only from the nutritious portions of the beef, and composed of albumen, fibrin and pure gluten, constitute a noble constructive, and a most delightful as well as efficient upbuilder of shattered health. In dysentery and diarrhea, and in convalescence from any malady, the beef peptonids may be employed with marked advantage.

INTRAPERITONEAL INJECTIONS OF ALBUMINATE OF IRON IN CHRONIC ANEMIA.—Professor Vachetta has injected into the peritoneal cavity of dogs a solution of two grams of citro-ammoniated albuminate of iron in five cubic centimeters of water. The fluid was quickly absorbed, and never caused peritonitis. Twenty-four hours after the injection traces of iron were detected in the urine. The quantity of hemoglobin and the number of red corpuscles in the blood were soon increased; and Professor Vachetta says that injections of the iron solution into the peritoneal cavity have the same effect in chronic anemia as injections of blood, while they are less difficult and less dangerous.—*British Medical Journal*.

THE DISEASES OF MONKEYS.—Mr. J. B. Sutton, in the *Lancet*, August 18th, enumerates the following as causes of death in captive monkeys: Tubercle, bronchitis, pneumonia, empyema, septic pneumonia, rickets, scrofula, typhoid fever, and intussusception; many also suffer from cataract. I have a uterus, taken from a baboon, with acute retroflexion of the fundus associated with atrophy of its anterior wall. Hydatids of the peritoneum were found in two instances, but were not the direct cause of death.

THE USEFULNESS OF DRUGS.—It may be said with safety and literal truth that drugs never played a more important part than they do now, that they never did so much good and so little harm as in the present practice of medicine. (*Lancet*.) Let one month be imagined in London without chloroform, opium, atropine, quinine, iron, salicin and its compounds, carbolic acid, iodide of potassium, ammonia, without common laxatives or cod-liver oil, and suffering and death would be immensely increased.

CRAMP.—Surgeon Robert Manners Mann writes, in the *British Medical Journal*: There is no remedy I have found to answer, except the raising the head of the bed. I cause two

bricks to be placed under each leg, or a block of wood of the same thickness as two bricks. Patients who have suffered at night, crying loudly with pain, have found the above plan an immediate, certain, and permanent relief.

JAMAICA DOGWOOD.—The fluid extract of Jamaica dogwood has an agreeable ethereal smell, a pleasant taste, and becomes milky on the addition of water. It is said to be a powerful anodyne and one of the best remedies for neuralgia. (*Lancet*.) In many instances it is reported to have relieved pain and insured sleep after the failure of opium, chloral, and many other remedies. We have taken it in full doses, and have used it largely clinically. It is sometimes useful, but it is not likely to supersede opium, at all events not at present.

EXTIRPATION OF THE GALL-BLADDER.—Langenbeck (Berlin) had made this operation three times, on account of trouble set up by calculi. He showed his third case to the Congress—a female patient, thirty-four years of age. She had suffered to such an extent that she had been compelled to give up work. Recovery was prompt, and the woman is now about her work as usual. He recommended the operation in such cases, not because the gall-bladder contained a mass of concretions, but because it gave rise to them—that is, originated the trouble. *Annals of Anatomy and Surgery*.

THE LIQUOR TRADE AND ITS PROFITS.—A publican, a witness in a case recently heard at Preston, said the profit on spirits was about 100 per cent; and another, who had been in the trade all his life, stated that for an expenditure of £100 there ought to be a return of £200, for, after rent, rates, and taxes were paid, there should be a net profit left of 40 or 50 per cent.—*Medical Times and Gazette*.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from September 1, 1883, to September 8, 1883. *Shufeldt, Robert W.*, Captain and Assistant Surgeon, granted leave of absence for three months on Surgeon's certificate of disability, with permission to leave the Department of the South. (Par. 3, S.O. 204, A.G.O., September 5, 1883.) *Wake-man, W. J.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort Sidney, Nebraska. (Par. 2, S. O. 92, Department of the Platte, August 28, 1883.)



# The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - - }  
H. A. COTTELL, M.D., - - - - - } Editors.

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JOHN P. MORTON & CO.,  
440 to 446 West Main Street, Louisville, Ky.

## THOMAS CARLYLE.

"Winds blow and waters roll  
Strength to the brave."

So writes he whose liver and stomach are unwrung by the demon of dyspepsia.

Buoyancy and bravery belong to health; and to him whose hepatic secretions flow smoothly on in their proper channel, disturbed neither by drought nor by flood, and whose gastric juices, like the gentle dew, do their labor in silence without trouble of foul winds and sour seas—lofty sentiments, philosophic thoughts, and noble utterances are natural. But fine words do the sick man little good, and indeed often seem rather to mock him.

The following extracts are from the writings of one who intimately knew dyspepsia, aepsia, and all digestive derangements; and many a reader as he ponders these strong words of Carlyle will recognize a master's picture of his own sufferings and longings and lamentations:

... Bad health does indeed depress and undermine one more than all other calamities put together.

... Virtue is its own reward, but in a very different sense than you suppose, Dr. Gowkthrapple. The *pleasure* it brings! Had you ever a diseased liver? I will maintain, and appeal to all competent judges, that no evil conscience, with a good nervous system, ever caused a tenth part of the misery that a

bad nervous system, conjoined with the best conscience in nature, will always produce. What follows, then? Pay off your moralist, and hire two apothecaries and two cooks.

... With stupidity and sound digestion man may front much. But what, in these dull, imaginative days, are the terrors of conscience to the diseases of the liver! Not on morality, but on cookery let us build our stronghold. Then, brandishing our frying-pan as censor, let us offer sweet incense to the Devil, and lie at ease on the fat things *he* has provided for his elect!

... So had it lasted, as in bitter, protracted death-agony, through long years. The heart within me, unvisited by any heavenly dew-drop, was smoldering in sulphurous slow-consuming fire. Having no hope, neither had I any definite fear, were it of man or devil; nay, I often felt as if it might be solacing could the arch-devil himself, though in Tartarean terrors, but rise to me, that I might tell him a little of my mind. And yet, strangely enough, I lived in a continual indefinite pining fear; tremulous, pusillanimous apprehension of I knew not what. It seemed as if all things in the heavens above and the earth beneath would hurt me; as if the heavens and the earth were but boundless jaws of a devouring monster, wherein I, palpitating, waited to be devoured.

... My condition is rather strange at present. I feel as if I were impelled to write; as if I had also very little power to do so; but at the same time as if I had altogether lost the faculty of exerting that power. It is these "coarsed nervous disorders." If I had but strong health! But what is the use of talking? If I had a supereminent genius, the end would be still better attained, and the wish is perhaps just about as reasonable. Should I never be healthy again, it will not aid me to complain, to sit and whine, "put finger in the eye and sob," because my longings are not gratified. Better to do what I can while it is called to-day; and if the edifice I create be but a dog-hutch, it is more honorable to have built a dog-hutch than to have dreamed of building a palace.

... I believe this is about the first compliment (most slender as it is) that ever was paid me by a person who could have no interest in hoodwinking me. I am very weak. It kept me cheerful for an hour. Even yet I sometimes feel it. Certainly no one ever wrote with such tremendous difficulty as I do. Shall I ever learn to write with ease?

... Now, my best friend, are you sure that you have ever formed to yourself a true picture of me and my circumstances; of a man who has spent seven long years in *incessant* torture, till his heart and head are alike darkened and blasted, and who sees no outlet from this state but in a total alteration of the purposes and exertions which brought it on?



... I am all in a maze, scarce knowing the right hand from the left in the path I have to walk. I am still insufficiently supplied with sleep; no wonder, therefore, that my sky should be tinged with gloom.

... "My whole life has been a continual nightmare, and my awakening will be in hell.—TIECK."

... "There is just one man unhappy: he who is possessed by some idea which he can not convert into action, or still more, which restrains or withdraws him from action.—GOETHE."

... I *must* have a house of my own (a bit haddin o' my ain —), where I can enjoy quiet and free air, and have liberty to do as I list.

Having gotten into his own house, he writes:

Here there is no grumbling about my habitudes and whims. If I choose to dine on fire and brimstone, they will cook it for me to their best skill, thinking only that I am an unintelligible mortal.

... Surely there is something obstinately stupid in the heart of man, or the flight of three-score years and the poor joys or poorer cares of this our pilgrimage would never move one as they do. Why do we fret and murmur and toil and consume ourselves for objects so transient and frail?

... As to fame and all that, I see it already to be nothing better than a meteor, a will-o'-the-wisp which leads one on through quagmires and pitfalls to catch an object which, when we have caught it, turns out to be nothing.

... A French author, D'Alembert (one of the few persons who deserve the honorable epithet of honest man), whom I was lately reading, remarks that one who devoted his life to learning ought to carry for his motto, "Liberty, Truth, Poverty," for he that fears the latter can never have the former.

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MARTIN MEYER, JR., Hamburg, Gerhofstrasse No. 44, sends us the following:

*Editors Louisville Medical News:*

I intend probably to enter into connection with you in a short time, and therefore I beg you will be so kind to send me several different numbers of your paper, newly published (one of each date), and I foretell you my best thanks.

We comply.

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A FATAL case of typhlitis without recognizable symptom is reported in Medical Record by José M. Ferrer, M. D., New York.

## Selections.

REMARKS ON A CASE OF SO-CALLED HYSTERIA.—By J. B. Footner, F.R.C.S., in the *Lancet*: Eight months ago a well-nourished, somewhat anemic woman, of twenty-five, came to me. She said she had recently lost the use of her right thumb, and that her right arm was weaker than the left. She could not account for this. About a year previous she had sores on the right wrist, which took a long time to heal. Her general health was fair. The right arm was not found to be wasted as compared with the left; the muscles of the ball of the thumb were, however, distinctly so, probably from disuse. I treated her by the application of the interrupted current to the muscles of the arm and thumb, and gave her arsenic internally. The arm and thumb soon began to improve under this treatment.

A month after her first visit she reported some sores similar to those of a year ago on the back of her right hand and wrist. These sores presented a peculiar appearance, quite unlike any normal pathological process. They were about three quarters of an inch in length and one quarter of an inch in breadth, longitudinally oval. They resembled very much the appearance produced by a blister with the cuticle entirely removed, and no sign of it left, but only a bare raw surface bathed in serum. There were next to no traces of inflammation. There were four sores similar in size, shape, and appearance, and in the long axis of the limb. I ordered zinc ointment.

She returned in a few days, with the sores no better, but evidently having been irritated. I covered the sores with strapping reaching from below the situation of the sores to above them, as in ulcer of the leg. As she could not get at the sores, they quickly healed, and the strapping was continued a fortnight. The ulcers were very soon reproduced, and also another of exactly similar appearance longitudinally over the insertion of the right deltoid. Strapping was again applied, and continued four weeks, in the hope that by this time the patient would have forgotten about the sores. After this, for a week or two, no ulcerations appeared; but soon she came again, with similar productions round the mouth, just bordering on the lips. It was manifestly impossible to apply strapping here, so lunar caustic was freely rubbed over the raw sur-



faces, hoping that the pain would act as a deterrent, and it did. She continued free from sores after this. Her right arm and thumb are now as strong as the left.

Recently she reappeared with sores on the same wrist as before, for which I am adopting the same treatment. Had this been a hospital case I should probably have been able to discover how the sores were produced; but as she has a father a chronic invalid and a mother just recovering from hysterical paraplegia and aphonia (a bad nervous family history, be it remarked), it was useless to expect any assistance from them, and quite possibly they would not have believed that their daughter was the originator of the sores. I think the best course is to endeavor to outwit the patient.

A very interesting case, at the Northwest London Hospital, of a somewhat similar character is reported by Dr. T. Colcott Fox, in the *Lancet* of December 30, 1882. In his case the girl confessed that she had produced the sores partly with her nails, but mostly by continual rubbing with the tops of her fingers. It seems probable that the cause in my case is similar. Her right arm being weak, it can be readily imagined that she would use her left arm to produce these phenomena. She is not naturally left-handed.

THE CEPHALALGIA OF ADOLESCENCE.—The *Gazette des Hopitaux* of May 19th notices a recent publication of Dr. René Blache, under the title of *Cephalalgie de Croissance*. This, of course, is no new condition, for most practitioners must have met with examples of it more or less frequently, and have generally given it only the significance of a mere symptom. But for Dr. Blache it constitutes in some cases a definite morbid condition—a special disease of adolescence. It is a persistent cephalalgia, accompanied by various disturbances of the nervous and circulatory systems, more or less fleeting giddiness, and sometimes attempts at vomiting. These may return daily for months, not at the same time of day, but at any time that the patient undertakes intellectual labor of any continuity requiring a certain amount of attention. It has been generally in subjects from ten to eighteen years of age that Dr. Blache has met with this form of cephalalgia, which occurs alike in young boys and girls, but most frequently in the former. The seat of the pain is usually confined to the forehead, but sometimes it corresponds to the whole hairy scalp, from the vertex to a circular line

passing on a level with the orbits and mastoid process. The pain is never unilateral, as in true migraine. At the same time a change of disposition takes place, the subject becoming nervous and irritable; but the inaptitude for work is the most constant and uniform symptom. The practitioner in such a case may find himself in a somewhat delicate position; for while, on the one hand, he may have to suspect a simulated affection, all the symptoms of which are subjective, he may, on the other, have to do with only a too real affection. Great attention to the case, a strict surveillance of the young persons who complain of the pains, the persistence of these and their resistance to the usual remedies, will in the end lead to a conviction of the reality of the affection. Its duration is not for a few days only, or even for some weeks, but for months and even years, so that simulation would be difficult indeed. The inaptitude for intellectual labor, so far from being made a pretext for idleness and amusement, often becomes with these young persons a subject of poignant regret. Besides these cases of cephalalgia, which are temporarily produced under the influence of efforts at intellectual work which surpass the strength of the scholar, and which may be regarded as the benign and usual form of the affection, Dr. Blache refers to other cases, in which the cephalalgia is constant, and undergoes exacerbation whenever mental exertion is attempted. Cases of this kind seem to be especially connected with diathetic heredity; and among the cases reported are those of young persons the issue of arthritic or neuropathic parents. Dr. Maurice Perrin, consulted in some of these cases, has offered the opinion that most of the subjects of this cephalalgia suffered from hypermetropia or astigmatism, and that these pains were especially, if not exclusively, attributable to the attempts at accommodation of the eye. But Dr. Blache, while admitting the possible concurrence of these disturbances of vision, has met with cases in which the employment of appropriate glasses exerted no beneficial effect, the cephalalgia being quite independent of the condition of the eyes. Active life in the open air, the use of appropriate glasses when visual trouble exists, and above all the absolute cessation of intellectual labor for a prolonged period, have proved, together with hydrotherapia, the sole means which have given any relief, and sometimes have caused the disappearance of pains which are often so severe as to render existence miserable.—*Medical Times and Gazette*.



HEMOGLOBINEMIA.—Professor Ponfick recently published an interesting article in the *Berliner Klinische Wochen.*, on hemoglobinemia and its consequences. It is known that many agencies have the property of displacing the hemoglobin from the red blood-disks, so that the coloring matter is discharged into the blood-plasma. The transfusion of foreign blood, *i.e.*, blood from a donor of different species to receiver, burns of the surface of the corpuscle, and many chemical substances (pyrogallie acid, arseniuretted hydrogen, potassic chloride, etc.), possess this property. Peculiar as is the bond of connection between the stroma of the red-blood disk and its hemoglobin, yet the union is very easily dissolved. In fact, to prepare hemoglobin from the dog's blood, it is sufficient to add ether, and keep in a cool place, then filter the red mass of crystals thus formed, re-dissolve in water, and re-crystallize. From what has been said, there will be no difficulty in comprehending the full meaning of the term hemoglobinemia. The notions which Ponfick has on the subject may be enumerated in the following fashion: There are different degrees of hemoglobinemia. When this state exists the altered products (of the blood) are disposed of in three directions. The spleen is enlarged with the fragments resulting from the destruction of the blood—that is one direction. The liver secretes an excessive quantity of bile (hypercholia); and, lastly, the *debris* of the decomposition of the blood (implied in the setting free into the blood-plasma of the hemoglobin) is excreted by the kidneys. With limited hemoglobinemia there is neither hemoglobinuria nor icterus. When the hemoglobinemia is greater in degree, some of the coloring matter of the blood appears in the urine, and there are signs of slight and transient jaundice. Profound destruction of the red-blood elements is followed almost instantaneously by intense and prolonged hemoglobinuria (associated with exudative nephritis) as well as marked and severe icterus. Much food for reflection is offered in these scientific speculations by Ponfick. The views promulgated may help to throw light on many morbid phenomena. Good grounds certainly exist for the opinion that the spleen and possibly other organs are concerned in the destruction of the red-blood disks. A further consideration is the fact that the blood is constantly being destroyed and renewed. Now, if there be constantly going on a dissolution of the red-blood elements, it follows that at least a local

hemoglobinemia always exists; unless, indeed, we regard the dissolution as always occurring in the solid elements of the tissues concerned. Some physiologists teach that the hemoglobin thus set free is converted, probably by the hepatic tissue, into bilirubin, the principal color constituent of the bile. There is much plausibility in such a view. Indeed, it is very probable that hemoglobin is the source of all the pigments of the body. Granting these considerations, we may conceive how, step by step, an increase in the degree of hemoglobinemia may entail all the consequences which Ponfick has claimed for this excessive destruction of the red-blood disks in the blood circulation. The importance of these plausible conjectures in connection with the explanation of the occurrence of hematuria and jaundice, which have been so often observed in malignant and septic fevers, is obvious. Again, hematuria has been met with in purpura and scurvy, also after poisoning by arseniuretted hydrogen or carbonic anhydride, and as a distinct affection, named paroxysmal or intermittent hematuria. The relations which have been observed to subsist between ague, oxaluria, rheumatism, and this intermittent hematuria are well worth remembering at this time. If the enlargement of the spleen in ague coincide with the excessive production of hemoglobinemia we might expect some corresponding evidence of the excessive production of blood pigment. It would perhaps require no great ingenuity of argument to harmonize these considerations with the facts observed in acute and chronic malarial poisoning. Hemoglobinemia may be looked upon also as the precursor of icterus in the form which has been known as hematogenous jaundice. The actual coexistence of hemoglobinuria and icterus is spoken of by Ponfick, and he believes that the hemoglobin passes over unchanged in the urine when the liver is incapable of converting it into bilirubin, the power which the liver has in this direction being limited.—*Medical Times and Gazette.*

SOME CURIOUS LOCAL NERVOUS MANIFESTATIONS.—Professor Charcot says (Birmingham Medical Review), that it is well known how a blow, or pressure, or other local cause, may determine the development of some manifestation of a diathetic disorder, such as rheumatism, gout, or syphilis; but it is not so well known that the local phenomena of hysteria manifest themselves in the same way under similar in-



fluences. This important fact was recognized by Sir B. Brodie, who has illustrated it by cases in his lectures on Local Nervous Affections. "In a case," says Brodie, "which is of no infrequent occurrence, a young woman pricks her finger, or perhaps the finger is merely pinched. Soon afterward she complains of pain extending from the finger upward along the hand and forearm. This probably is followed by a convulsion, contraction of the muscles of the arm, or by a continued contraction of the flexor muscles on the anterior part of the arm, so that the fore-arm is kept permanently bent; at least while the patient is awake, for the spasm is generally relaxed during sleep."

Professor Charcot relates a case in which spasmodic contraction of the wrist and hand followed an injury to the back of the hand from falling against a stool. There was complete anesthesia of the whole hand, wrist, and lower half of the fore-arm. She was seen in consultation six weeks after the accident, and five days later the hand recovered spontaneously.

In another case the squeeze of the right fore-arm, causing some swelling and ecchymosis, was followed by severe pain, especially on attempts at motion, with rigidity of the hand, the two proximal phalanges of the four inner digits being fixed at an obtuse angle, and the distal phalanges extended. The contraction disappeared suddenly, and was followed by complete paralysis of motion and sensation affecting the whole upper extremity, and later on this extended to the lower extremity, though the paralysis of motion was less complete. There was complete right hemi-anesthesia affecting common and special sensation, including vision and smell, and there was marked tenderness in the right ovarian region. From this time a number of hysterical symptoms manifested themselves—dyspnea, vomiting, convulsive cough, retention of urine, etc.

The usual symptoms of traumatic local hysteria are, (1) exquisite cutaneous hyperesthesia; (2) deeper pains in the course of nerve trunks or in the interior of joints; (3) contractions. These symptoms do not remain limited to the part affected, but may extend to the whole limb. They are liable to spontaneous exacerbations, during which there may be, in addition, swelling, redness, and elevation of temperature.

Such symptoms are usually the first indication of the hysterical diathesis, hitherto

latent. When ovarian hysteria is fully developed, mechanical injuries no longer appear to produce these effects.

The diagnosis of such cases is always difficult, and the treatment should be, as far as possible, negative. Blisters and cauteries, galvanization and faradization, prolonged rest, and attempts at reduction, etc., are generally all productive of more harm than good.

THE PATHOLOGY AND RADICAL CURE OF HAY FEVER OR HAY ASTHMA.—Dr. Roe claims that recent investigations show that the special cause for hay fever does not alone reside in a special peculiarity of a special irritant, which affects certain individuals in a peculiar manner, but in a special susceptibility of the tissue of the nasal passages of some individuals to be irritated by these substances when brought in contact with it; that the susceptibility of this tissue is occasioned by disease either latent or active; that the removal of this diseased tissue will remove the susceptibility to irritation by these substances; and that the train of symptoms, which appears to be more or less of a constitutional nature, producing the asthmatic and nervous symptoms which have led to the classification of the affection as a neurosis, is but the result of the irritation of the Schneiderian mucous membrane, which is reflected to other parts and organs, through the agency of the sympathetic nervous system, causing irritation in these organs, which is augmented by the consequent obstruction to nasal respiration during the attack.

Covering the inferior turbinated bones and the lower part of the septum there is a highly vascular erectile tissue analogous to the cavernous tissue of the genital organs. (Bigelow). This vascular erectile tissue is directly under the control of the vaso-motor nerves, and is exceedingly sensitive to impressions applied not only locally to the part, but to other portions of the body. Often it may be noticed that a draft of cold air striking another portion of the body will cause this tissue to become engorged sufficiently to occlude one or sometimes both nostrils.

Sometimes slight disease or hypertrophy of this tissue, and not sufficient to give the patient any special annoyance, will increase its susceptibility to irritation to a marked degree; and it is the irritation reflected from this tissue, through the sympathetic nerves to other parts and organs, which is the excitor



of the varied and distressing symptoms complained of by hay-fever sufferers.

It is proved by experiments on animals that violent irritation of the Schneiderian mucous membrane will induce, through the sympathetic nerves, congestion and irritation in the larynx and lungs similar, though in a less degree, to the derangements induced in the lungs by irritation of the larynx. The conclusion that hyperesthetic tissue of the nasal passages sustains a certain relation to the causation of hay fever has been reached in a natural manner by observing from time to time that patients who were under treatment for nasal diseases, and who also suffered severely from hay fever during the summer months, were relieved, or their attacks lessened in severity, in proportion as these diseased conditions in the nasal passages were removed; and that in cases where this hypertrophied turbinated tissue was removed altogether the patient became entirely exempt from subsequent attacks.

It has been observed, furthermore, that in every instance in those who were subject to hay fever more or less disease or hypertrophy of this tissue existed.

For treatment Dr. Roe recommends the removal of the hypertrophied tissue with galvano-cautery or the Jarvis snare. For galvano-cautery a small electrode is recommended, burning but a little at each introduction. Vaseline warmed and thrown into the nostrils with a spray-tube immediately after the operation, and until the slough separates and the parts are healed, will almost invariably prevent inflammatory complications. Aqueous solutions for spray should not be used.

**TETANUS TERMINATING IN RECOVERY.**—Dr. Ransom relates this case. J. B., aged sixteen, strong and well grown, on March 24, 1883, ran the prong of a garden-fork through his left great toe. His mother applied common salt first, and afterward bread-poultice. On April 5th, the toe being healed, symptoms of tetanus began in the neck and jaws. On April 8th, there was tetanus, the pectoral and abdominal muscles were characteristically rigid, and clonic spasms occurred about every ten or fifteen minutes. There was no difficulty in deglutition; temperature 99°; skin sweating. He was ordered to be kept quiet in a darkened room, to take freely of light nourishment, and five grains of chloral hydrate with ten grains of bromide of potassium every four

hours. He got worse for a week, but took food freely. He then began to improve, and on May 11th was quite well. When the patient was convalescent, but the pectoral and abdominal muscles still rigid, the leg-muscles being flaccid, the plantar reflex was tried, and was found normal. No other superficial reflex could be obtained. The patella-tendon reflex, tried under the same conditions, was greatly exaggerated, and ankle-clonus was easily obtained. *Tache cérébrale* was readily produced. After the patient was well, the patella reflex was normal, and neither ankle-clonus or *tache cérébrale* could be obtained. Dr. Ransom had not been able to find any previous record of the condition of the reflexes in tetanus.—*British Medical Journal*.

**ALKALOIDS OF DECOMPOSITION**, (from report of the Congress of German Surgeons, by Roswell Park, M.D., in *Annals of Anatomy and Surgery*). Maas (Wurzburg) has been pursuing studies on this topic, following those made by Thiersch, Bergmann, Brieger, and others. After treating masses of decomposing flesh with ether, chloroform, and amylic alcohol, he isolated three different vegetable alkaloids; these, when injected into living animals, showed the following effects, the first caused tetanic spasm, the second acted like morphine, and the third like strychnine. The possibility of a form of septicemia from the absorption of these alkaloids generated during an unhealthy wound-process was alluded to in the discussion.

**THE MICROCOCCI OF ERYSIPELAS** were demonstrated by Fehleisen (of Bergmann's Berlin Clinic). A patient had been inoculated forty-five hours previously, and when showed displayed a typical erysipelas. The micrococci which had been here implanted were the product of more than thirty generations cultivated on gelatine, and could be considered entirely free from extraneous matter or germs. Of eight thus inoculated, only one failed to show typical results. The last trial in April was just as successful as the first during the previous August, and with the same culture. The one person on whom the experiment failed had suffered from an idiopathic attack but a short time before.—*Ibid*.

**TREATMENT OF WOUNDS BY SUBNITRATE OF BISMUTH.**—Riedel (Aix) reported the results of his trials of Kocher's new method



of treating wounds, which were for the most part favorable, though he thought bismuth had no virtues as against erysipelas, but rather the contrary, since eight patients out of sixty-one suffered from it. After combining sublimate with it he had no further trouble. In the discussion Kocher said that, so far as he had studied the subject, the bismuth did not directly affect the micrococci—of erysipelas, for instance—but rendered their usual nourishment unfit for their support, by forming a bismuth albuminate in which they could not grow. Kocher also stated that he had observed both nephritis and enteritis as a result of bismuth poisoning.—*Ibid.*

**BALL OF HAIR IN THE STOMACH.**—Schoenborn (Königsberg) exhibited a specimen removed from the stomach of a girl who had suffered for two years. A tumor of the size of a fist could be felt in the gastric region, the same being painful on pressure. The diagnosis as between a tumor of the spleen or of the omentum was uncertain. Upon operation, it was found to lie in the stomach, whence it was removed. Incision of the tumor showed it to consist of short hairs matted together. It afterward transpired that this girl, with a number of her schoolmates, "*in order to gain a clear voice,*" was in the habit of biting off her hair and swallowing the ends thus bitten off. The case is not unique. Seven similar cases are recorded, one of which was complicated by a second similar mass in the intestine; but all the others ended fatally—one from hemorrhage of the stomach, the others from peritonitis, or incurable vomiting. Some of these patients had swallowed the hairs in their full length.—*Ibid.*

**STATISTICS AND OPERATIVE TREATMENT OF CANCER OF THE RECTUM.**—Heuck (Heidelberg) reported forty-three cases of this nature in Czerny's clinic since 1877; twenty-nine of them in patients of ages from forty to sixty. Thirty of them were in males. Forty-two of them were cancers, involving the whole circumference of the mucous membrane, or almost the whole; one was an epithelial growth about the anus. The exact microscopical structure could not be found to bear any definite relation to the clinical features of the cases. The inguinal glands were not earlier affected than those nearer the rectum, as Winiwarter had claimed—only so when the tumor involved first the anus. Twenty-five of the

cases were operated on according to Volkmann's method; of these one died from the operation. Eleven of them are still living, nine without any rectum. Nothing of the anal border or of the mucous membrane should be allowed to remain, because these fragments are first to show signs of recurrence—this at least was Czerny's experience.—*Ibid.*

**THE TREATMENT OF SYPHILITIC ULCERS OF THE RECTUM.**—Hahn (Berlin) regarded it as doubtful whether the so-called syphilitic ulcers of the rectum were peculiarly syphilitic. Up to the present time gummy deposits were found in connection with but very few of these cases, and condylomata were very rare. Concerning their treatment, he recommended colotomy in those cases where, in spite of most careful local measures, no improvement was manifest, and where patients wasted away on account of the great and constant suppuration. He had made the operation in eight such cases, and in several of them with brilliant results.

Küster had resorted to this measure in one case, and had practiced frequent irrigation from the artificial opening through the anus. This patient recovered from the ulceration, but succumbed to an effort to close the lumbar opening. Esmarch suggested making a "sphincterotomy."—*Ibid.*

**THE SIGNIFICANCE OF DOUBLE SCIATICA.**—Professor Charcot insists that double sciatica is always symptomatic, and the causes are diabetes, certain spinal diseases, for example, locomotor ataxy and meningo-myelitis, and some alteration in the nerves themselves. It is important to note that the presence of double sciatica in cancerous patients indicates metastasis and contraindicates operative interference. Conversely, severe neuralgic pains in patients at the age for cancer should suggest a careful examination of the breasts, the stomach, and the uterus. Such pseudo-neuralgic pains are the ordinary clinical signs of vertebral cancer; but a fungous mass may project from the spine, in which case the vertebræ will be infiltrated, and the consequences will be similar to those of Pott's disease.

A CASE of extra-uterine pregnancy of seven years' standing, with discharge of the fetal skeleton by the rectum, is reported by M. H. De Boiston, in *La Progres Médical*, June 30th.



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, SEPTEMBER 22, 1883.

Original.

A CASE OF TRIPLETS.

BY P. H. HAMILTON, M.D.

*Reported to the Noxubee County Medical Society,  
Macon, Miss.*

On the night of May 16th I was called to see Mrs. L. W. The patient was multiparous, aged twenty-five years, spare and delicate, weighing about one hundred and twenty pounds. She had been in labor twelve hours. The labor continued about fifteen hours longer, until, on the 17th, about one hour before the first child was born, she said that the pains pressed upward instead of bearing down, as might have been expected at that time. The fetuses seemed to pile up against the stomach, diaphragm, and bases of the lungs, producing intense agony and great dyspnea with almost a fatal result. Believing that, if this state of things continued, a rupture of the uterus would take place, I ruptured the membranes, and drew the head of a child down with the forceps into the inferior strait. Bearing-down pains now came on, and increased rapidly until this child, a girl, was born.

At half past twelve o'clock, P. M., I made an examination and discovered another child. The membranes were also ruptured in this instance, and at two o'clock, P. M., a boy was born. Another examination revealed the presence of a third child, with the shoulder presenting. I turned and delivered another boy at eight o'clock, P. M.

The girl was in a sack to itself, and had one placenta. The boys were both in the other sack, having but one very large placenta. This placenta with membranes weighed ten pounds, the two boys weighed seven pounds each, and the girl weighed seven and a half pounds. So there were twenty-

one and a half pounds of children, ten pounds of placenta and membranes, and four pounds of amniotic fluid, in all thirty-five and a half pounds, which this little woman was compelled to carry for several weeks before her delivery.

The uterus was left in a state of inertia, and failed to contract at the end of labor. The flood-gates of the system seemed to turn loose, and there followed the most alarming post-partum hemorrhage I had witnessed in a practice of forty years.

A short time after the first gush of blood the woman was almost moribund. She was cyanosed and pulseless, and continued so for several hours. The eyes were sunken and the countenance was ghastly pale. She was speechless and unconscious, and it was evident that something must be done promptly to avert impending death.

My method of procedure in this case may appear rude, but the emergency was great and the end justified the means.

Making a solution of persulphate of iron in ice-water, I dipped my hand into it, and carried it up to the fundus uteri. I then made pressure on the utero-placental vessels with the fingers, and applied the other hand to the abdomen, using firm pressure and massage. At the same time the coldest water obtainable, to the amount of three or four gallons, was poured from a pitcher on the abdomen, the pitcher being held at a considerable height above the patient. After a few minutes I felt the uterus begin to contract on my hand. It continued to contract gradually from fundus to os until my hand and a considerable amount of coagulated blood were expelled.

When the hand was first introduced, the uterus was as flaccid as paper bag dipped in water. Whisky and ergot were given every fifteen minutes per orem. Mustard was applied to the extremities, and bottles of hot water were packed around the patient. In a



short time the uterus relaxed, and the hemorrhage recommenced, being nearly as severe as at the first. I now injected subsulphate of iron into the uterus with a hard rubber syringe having a pipe eight inches long, which I keep for that special purpose. By this means the hemorrhage stopped entirely. At this juncture, I could perceive a slight pulsation at the wrist, the respiration was hurried, and the patient soon after complained of an intense pain in the head. I gave strong coffee for the headache, and five grains of carbonate ammonia with two grains of hyoscyamus and one grain of opium every three hours until the head was relieved. I kept the patient in a recumbent posture for several weeks, forbade all company, and fed her on animal broths, jellies, milk punch, and finally sweet milk in abundance. Small doses of quinine with tincture of iron and aromatic sulph. acid were given as a tonic three times a day.

The patient was in a critical condition for several weeks, and was several times reported as dead, but nevertheless she made a good recovery, and besides doing her house work is nursing all three of her children. The children, now nearly three months old, are growing rapidly, and seem to be quite as large as the average child of a single birth at the same age.

SHUQLAK, MISS.

*Resolved*, by the Noxubee County Medical Society, that the report of a case of triplets by Dr. P. H. Hamilton be forwarded to the Louisville Medical News for publication.  
S. V. D. HILL, Sec'y.

## SYPHILIS IGNORANS.

BY W. W. SENTENY, M.D.

Mr. B., aged forty years—stout and athletic—having had no previous illness, was attacked July 29, 1881, with the ordinary prodromic symptoms of malarial or exanthematous fever, that after the first few days proved, as I supposed at the time, to be acute pemphigus, having the peculiar eruption and running the regular course of this disease during its acute stage. The fever continued for about ten days, but the skin trouble continued and extended till it covered the entire body, still, in the main, having the peculiarities of pemphigus. He got out of bed, however, after two or three weeks, and attended to his ordinary avocations.

In September following he had a relapse of fever, which continued eight or ten days, attended by a decided increase of the skin trouble, which had, under treatment, some-

what improved. About this time I suggested to him that it might be syphilitic, and asked him if he had ever had a primary sore. He stated that he has never had either syphilis or gonorrhea. As he was confident and well assured in this assertion, I told him that it is possible for a man to contract syphilis without getting it by connection with an impure woman. I put him on specific treatment, and he soon began to improve, and passed through the winter and into the next spring greatly improved. Sometime during May of 1882 he grew tired of such constant medication, and the skin trouble got worse, and did not seem to improve much by the more diligent use of the remedies. In June of the same year he went to Hot Springs, remained four or five weeks, and came back seemingly well. He had gained largely in weight, and the skin was free from eruption. He continued during last fall, winter, and early spring, to take fifteen grains of iodide of potassium and one fifteenth grain of bichlorid hydrarg. three times a day.

During all this time there were no nodes, rheumatism, or other syphilitic manifestations, except that he had, during the past spring, occasionally slight giddiness, with either diplopia or hemiopia. These symptoms, although not very well marked, were sufficiently so to excite mental disquiet on the part of the patient, and apprehension on my part. On the 13th day of last April he came to my office and stated that, on getting out of bed the morning before, he felt decided pain and stiffness across his loins, that on that morning (the 13th) the pain encircled the lower part of his body. I supposed that it was of rheumatic origin, made no prescription, but told him to report again if he got no better. The next morning he sent for me. I found him in bed, with no constitutional disturbance, having good appetite and no fever, but suffering with the most intense hyperesthesia of the loins and the pelvic region. He described it as a girdle of pain about six inches wide. There was no pain above or below this girdle; nor was there any anesthesia below it. At this time I diagnosed herpes zona, and treated it as such for several days. No eruption however appeared, save that on the sixth or eighth day there were several, say half dozen, erythematous blotches as large as a half dollar in the boundary of this girdle of pain. About the ninth or tenth day of the attack he began to complain of a loss of sensation in all the parts below this



band. I found on examination that the anesthesia was well marked. This increased rapidly until it became profound, so much so that he had no knowledge of the passage of urine or feces except by the eye and ear. He had control over the sphincters, but had no power to make voluntary expulsive efforts. The desire to urinate and defecate was regular and normal. There was considerable loss of motor power, and a want of power of co-ordination, and some choreic jerkings of the inferior extremities. This, however, did not last long. There was at no time during the week or ten days prior to the development of the paraplegic condition any exaltation of temperature or other constitutional symptoms, save a furred, flabby tongue and a decided slowing of the pulse-rate as low as forty-five to the minute. This condition of the circulation began about the sixth and continued to the ninth day of the attack.

Of course the occurrence of the paraplegic symptoms opened my eyes to the true pathology of the case, and I put him on specific treatment immediately; and as he was using iodide of potassium and mercury freely when the attack came on, I decided to use sodium iodide, and also the McDade formula. He began with fifteen grains of the one, and a teaspoonful of the other, three times a day. The iodide was rapidly increased so that in eight or ten days he was getting one hundred and fifty grains per day. The McDade was also increased up to nine drams per day. There was at no time while he was taking the sodium iodide any iodism.

He very soon began to improve, and in less than a week was out of bed; and in two weeks after the specific treatment began he was down town at his place of business. The improvement was gradual but steady, so that in two months he had recovered sensation in every part, save in the balls of his feet and the extreme points of his buttocks and anus. At this writing, August 16th, he seems to be well. He is taking his remedies and is impatiently waiting to know when and where his enemy will strike next.

The above report is sufficiently full to give the salient points in this case, and to admit the propounding of a few questions. Was it syphilis? If so, was the singularity of the last manifestations to be explained upon the theory that a small part of the theca vertebratæ was involved first, by inflammation, second, by effusion, possibly

serous, probably gummatous? If this be true, why should the last seizure have come on while the patient was using the usual specific remedies? Then, noting the rapid improvement under the sodium iodide and the McDade formula, how long shall he use these remedies to insure immunity, or may he expect at any time to be struck in a new locality?

LOUISVILLE, KY.

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## Miscellany.

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NEWSPAPER DECISION.—THE LAW.—1. Any person who takes a paper regularly from the post-office—whether directed to his name or another's, or whether he has subscribed or not—is responsible for the payment.

2. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until payment is made, and collect the whole amount, whether the paper is taken from the office or not.

FELLOWS' HYPOPHOSPHITES.—Nothing is beyond doubt, and of course there are disbelievers in the hypophosphites. We are not among these. For feeble children or adults, for all sufferers with defective nervous or osseous systems, in scrofula and consumption, we have found the hypophosphites of exceeding value—a genuine cure. In this region, as elsewhere, Fellows' hypophosphites is a prime favorite.

THE CURE OF CHOLERA BY COLLODION.—Dr. Arsène Drouet, in *Le Courrier Médical*, revives this absurdity, and comments as follows: The method is very simple, and consists merely in the application of collodion to the abdomen. He says that nature, when she essays to cure cholera, does so by determining a perspiratory crisis, and collodion acts in a similar fashion. After its application it irritates, by reason of its constructive action, the nerves of sensibility whose terminal filaments lie in the skin of the abdomen. Thence a reflex inhibitory action is exerted in the motor, vaso-motor, and secretory nerves, and there follows an immediate arrest of vomiting and alvine discharges. Then little by little the blood returns to the subcutaneous capillaries of the abdomen, the surface becomes warm, and finally a profuse perspiration breaks out, carrying with it the *materies morbi*. As a beverage,



the patient is allowed cold water or seltzer. By this method Dr Drouet claims to have cured two hundred cases of cholera and thirty cases of true cholera. The favorable reaction commences within ten minutes and proceeds with a rapidity so extraordinary that it must be seen to be believed. Cholera is always cured by a single application of collodion within five hours. Severe cases of undoubted cholera require two or three applications, at intervals of one hour, and are only cured in from six to seven and a half hours. The first coating is made with ordinary contractile collodion. A piece of coarse cheese-cloth or mosquito-netting is stretched tightly across the abdomen, and over this the application is made. When contraction becomes painful the film of collodion is removed by pulling off the cloth, and then a second application is made of flexible collodion which has still contractility enough to produce the desired effect. This method is not new, and has been discovered, singularly enough, by four observers in different countries and at different times. In conclusion, the author suggests that the inhabitants of countries ravaged by cholera be instructed to carry about little vials containing collodion, and to paint their own abdomens upon the earliest symptoms of the dread disease declaring themselves. Further, if this treatment be practiced on board ship, every case of cholera could be cured at once, and there would be no more need of quarantine.

We can only express our surprise that Dr. Drouet did not hasten to Egypt upon the earliest tidings of the outbreak of cholera in that unhappy land, and there demonstrate the value of his method. Aside from the sweet consciousness of having saved the lives of untold thousands of Egyptians, and of having in all probability averted the scourge from Europe and America, he would have achieved a fame beside which that of all others of the world's heroes would have paled. A grateful world would have loaded him with riches and honors, and his name would have been cherished by all coming generations to the end of time. Perhaps, however, he was unwilling to rob Pasteur of the glory of discovering the microbe of cholera.—*The Medical Record*.

CELERINA, "the nerve tonic," as it is called, has within a few years gained great popularity. Here and every where celerina is largely prescribed in conditions of nervous irritation, in sleeplessness, in delirium

tremens, as a sedative in nervous shock, and in many other conditions.

MOVEMENTS OF THE UTERUS.—Frommel, after a long series of experiments upon the pregnant and non-pregnant uterus in dogs, arrives at the following conclusions: (A. F. C., American Journal of Obstetrics.)

1. The uterus is capable of spontaneous rhythmical contractions.

2. In all degrees of its development the uterus is capable of rhythmical contractions, which are more regular in animals which are pregnant or have borne offspring than in those which are yet immature.

3. Marked lowering of the body-temperature slows the contractions, but does not diminish their energy; elevation of temperature, however, at first hastens, and then (if the fever be high) stops them.

4. The normal functional capacity of the uterus is closely dependent upon a normal temperature of the body. Elevation of temperature has an especially disturbing influence upon it.

5. Disturbances in the circulation of the blood have a very significant influence upon the movements of the uterus; compression of the aorta will completely arrest them after a brief period; compression of the vena cava will have the same effect after a somewhat longer period.

6. The contractions of the uterus are not dependent upon any center outside of itself.

A CASE OF INFANTILE MENSTRUATION.—Dr. A. Van Derveer reports this in the American Journal of Obstetrics: The child is now two years and seven months old, and began a regular normal flow, lasting from four to five days, when she was four months old, and which has continued every twenty-eight days since. She weighs forty-nine pounds. Features and form that of a girl ten or twelve years old. Her mammary glands are as large as a small orange. The mons veneris is well developed and covered with a full growth of hair, the external labia large, and all parts of the vulva fully formed. She is bright and intelligent, but easily irritated, especially so at the beginning of the menstrual epoch. She is not allowed, nor does she seem to care, to play with children of her own age. Her appetite and tastes belong to a child much older.

DR. LUKE.—The Rev. Wm. K. Hobart, of Dublin, in a work on the Acts of the Apostles, proves, he thinks, that Luke, or St.



Luke, as he has been called since his death, was certainly a physician and attended St. Paul in that capacity. The London Medical Press believes St. Paul was the subject of a chronic nervous disease, and that there are pretty plain indications that this disease was of a nature allied to catalepsy, resulting in trances, visions, etc., some of which, indeed, Paul himself speaks of as having occurred at a time when soul and body almost seemed separated as by some strong nervous convulsion.

FAIRCHILD BROS. & FOSTER's extract of pancreas, a pure dry product of the pancreatic gland, has proved itself a boon to sufferers from feeble or difficult digestion. In the nursery it has shown itself most useful. Five grains of it, will, it is claimed, completely digest a pint of milk. The infant mortality all over the world is a reproach to the science of medicine, and digestive derangements are the most fruitful sources of child destruction. Do not forget extractum pancreatis.

THE clinical thermometer was used and commended by Antonius De Haen one hundred and twenty-nine years ago. Its re-introduction occurred fifteen or eighteen years ago.

WARREN'S FOOD FLOUR is highly spoken of, and is especially recommended in the dyspepsia of infants and adults, being toothsome as well as wholesome.

STILL WATER RUNS DEEP.—A taciturn gentleman, under the name of R. L. Douglas, is traveling through the Western States, drumming up subscribers for several well-known medical journals.

Showing the proper credentials, he takes subscriptions (in some cases below the advertised rates) for these periodicals, and, pocketing the money, leaves the subscriber to get his journal as best he may. Several of our contemporaries, who were persuaded by this individual to enter into a contract with him and to give him written credentials authorizing him as their agent, find that their complimentary lists are assuming alarming proportions. The gentleman is said to be deaf and dumb; but all allow him acute-ness of vision, or at least admit that he has an eye to business.

THE Pinus Canadensis of S. H. Kennedy, made by J. C. Richardson, of St. Louis,

has been made widely known by Dr. Marion Sims' and other eminent medical men's praises of it. For pulmonary troubles and affections of the mucous membranes of the air passages, digestive and genito-urinary organs and in skin affections it is prescribed. It is prepared for the use of physicians only.

THE American Microscopical Society, at its session in Chicago, elected the following officers: Hon. J. D. Cox, of Ohio, President; J. F. Burrell and W. A. Rogers, Vice-Presidents; D. S. Rellicott, Secretary; G. A. Bell, Treasurer; A. Chester, H. A. Johnson and Gen. Wm. Humphreys, Executive Committee.

MELLIN'S food for infants and invalids is declared to be the only perfect substitute for mother's milk. It has many ardent advocates here and elsewhere in the diet of children, convalescents, and dyspeptics. Its worthy manufacturers, Theodore Metcalf & Co., claim that it keeps in any climate.

PHOSPHATE OF CODEIA.—Herr Merck, of Darmstadt, has produced a phosphate of codeia which is soluble in four parts of water, so that it can be used subcutaneously. In its action it resembles morphia, except that it is milder, and the symptoms of intoxication are less. The dose required is about double that of morphia.

OXFORD RETREAT (Oxford, Ohio), a private hospital for nervous and mental diseases, including inebriates, opiophagi, and epileptics, is an irreproachable institution. Dr. D. A. Morse, its superintendent, is a gentleman of high standing in the profession, and we commend him and his retreat to our readers.

ADULTERATION OF LARD.—It is openly admitted by the lard dealers of Chicago that all lard is adulterated from ten to fifty per cent. In all but the worst grades the adulteration is harmless, being oleomargarine, cotton-seed oil, vegetable oils, and tallow. —*New York Med. Record.*

PLANTEN'S CAPSULES are perfect. In them medicines are taken without offending taste or smell, and they melt in the stomach like ice in the sun. For nearly fifty years, we are told, their reliability has been acknowledged, and yet there are people who have never used them.



**A GASTRONOMIC NOVELTY.**—An evening contemporary informs the public that it is now stated that the flesh of the whale is both nutritious and palatable. Large quantities of it are eaten every fishing season by the men engaged in the capture of the fish, but still larger quantities are wasted. A Norwegian speculator was struck with the fact that some of the immense mass of food thus annually thrown away might be profitably preserved and utilized for consumption on shore. Acting on this idea, he arranged with several whaling captains and two meat-preserving firms, and recently he gave a dinner, by which he believes he has demonstrated that whale flesh may be cooked in various ways, and that it forms a delicious as well as a wholesome article of diet. Some parts of the flesh supply material for an excellent imitation of turtle soup, others resemble beef, and others are almost as white and quite as tender as chicken. The meat can be sold for about half the price of our colonial tinned beef.—*Medical Times and Gazette*.

**DIED FROM DRINKING SODA-WATER.**—A clerk at the Northampton Gas-works, before leaving the works a few days since, being thirsty, drank a quantity of soda-water from a bottle, and was taken ill and conveyed home. (*Medical Times and Gazette*.) He continued ill for twenty-six hours and then expired. A post-mortem examination of the body disclosed acute inflammation of the bowels, the cause of which was found in a small opening in the intestine, close to the stomach, at the side of an old ulcer which had been covered by a thin membrane, and had, it was supposed, given way under the distension caused by the soda-water. The coroner's jury returned the verdict, "Died from natural causes."

**THE RELATION OF PULSE TO TEMPERATURE.**—Dr. I. H. Bridwell (St. Louis Courier of Medicine) makes upon this point the following interesting observations:

The increase of temperature is usually proportionate to the frequency of the pulse, one degree corresponding to an increase of ten beats per minute. Thus, with a temperature of  $98^{\circ}$ , we have a pulsation of 60; with a temperature of  $99^{\circ}$ , we have a pulsation of 70; with a temperature of  $100^{\circ}$ , we have a pulsation of 80; with a temperature of  $101^{\circ}$ , we have a pulsation of 90; with a temperature of  $102^{\circ}$ , we have a pulsation of 100; with a temperature of  $103^{\circ}$ , we

have a pulsation of 110; with a temperature of  $104^{\circ}$ , we have a pulsation of 120.

This table is for adult males of good development, and will not apply to those of feeble constitution, sedentary habits, or of nervous temperament. In such, with a normal temperature of  $98\frac{1}{2}^{\circ}$ , the pulse would be seventy or eighty, and the increased frequency to each degree would be but six or eight, until the  $103^{\circ}$  shall have been reached, when it will correspond with the foregoing table.

**IODINE IN MALARIAL FEVERS.**—Drs. I. E. Atkinson and Hiram Woods, after a thorough trial of the drug in the treatment of a large number of cases at Bay View Asylum, during the summer and autumn of 1882, publish in the American Journal of Medical Sciences the following deductions as to the use of iodine in acute malarial poisoning:

1. In intermittent fevers it has some feeble influence in controlling the paroxysms.

2. It takes usually from three to eight days to exercise this influence.

3. In cures effected there is great danger of a relapse; certainly as great as with Peruvian bark.

4. It is certain to add to any existing diarrhea or nausea, and is liable to cause either, if they do not already exist.

5. In remittents its effect, if any, is seen in a slow and gradual reduction of temperature, and this reduction is liable to sudden interruptions.

6. In both forms of malarial fever it is infinitely inferior to either cinchonidia or quinine; certainly as regards the immediate control of the fever, and, as far as we are able to judge, as regards relapses also.

7. From an economic point of view, the slowness and uncertainty of its action make its use in hospital practice fully as expensive as Peruvian bark.

8. There seems to be ground to believe that it can cause albuminuria.

9. In the large majority of cases of ordinary acute malarial poisoning it has no influence whatever.

**ART PREFERRED TO SCIENCE.**—"I had much rather that the physician of a friend of mine should keep his patient by powerful medicines from dying than tell me punctually when he shall die, or show me in the opened carcase why it may be supposed he lived no longer."—*Boyle*.



STATISTICS OF CONSUMPTION.—Dr. Playter, of Toronto, has (New York Medical Record) gathered facts in regard to consumptives from two hundred and fifty doctors. Their replies showed that the average age of patients was twenty-seven; forty-six per cent were males, fifty-four per cent females, and twenty-eight per cent were married. The average size of the chest was thirty-one and a half inches; the chests of persons of the same average height, five feet five and a half inches, would usually average thirty-seven inches. Fifty-five per cent had light hair and eyes, two thirds did in-door work, slept in small rooms, and wore no flannels. *Only forty-six per cent had consumptive ancestors*, and the majority were of a nervous temperament.

PHIMOSIS.—While we must ever consider what might be called the *radical* treatment of phimosis the best, that by which the redundant prepuce is removed, yet, when high authority says otherwise, it must command our attention.

M. de St. Germain, in the *Revue Med. France et Etrang.*, June 9, 1883, says that he believes dilatation to be the best, even in the adult. He uses Nélaton's three-bladed dilator. This procedure has always seemed to us like temporizing.—*Med. and Surg. Reporter.*

HER ROYAL HIGHNESS PRINCESS CHRISTIAN, of Schleswig Holstein (Princess Helen, of England), has received a diploma as "nurse," having attended the course of lectures and passed the examinations at the Kensington Center Institution. This is the lady who translated the little volume entitled, "Early Aid in Injuries and Accidents," by Prof. Esmarch, who, by the way, is her brother-in-law.—*St. Louis Courier of Medicine.*

REMARKABLE VARIATION IN THERMOMETERS.—Dr. Robertson, Resident Medical Officer of the Ventnor National Hospital for Consumption (British Medical Journal), records his experience of a dozen new clinical thermometers as follows: The Kew standard being  $105.2^{\circ}$ , the twelve registered, No. 1,  $94^{\circ}$ ; 2,  $97.4^{\circ}$ ; 3,  $99.8^{\circ}$ ; 4,  $99.9^{\circ}$ ; 5,  $100.8^{\circ}$ ; 6,  $105.1^{\circ}$ ; 7,  $105.2^{\circ}$ ; 8,  $105.3^{\circ}$ ; 9,  $105.5^{\circ}$ ; 10,  $105.9^{\circ}$ ; 21,  $106.2^{\circ}$ ; 12,  $108.5^{\circ}$ .

It is said that few telegraph operators are good for much after the age of thirty-eight.

HIPPOCRATES' THEORIES.—The theory or science of Hippocrates was represented by the doctrines of the four elements, earth, air, fire, and water; the four temperaments; the four conditions, hot, cold, moist, and dry; and the four humors, blood, yellow bile, black bile, and phlegm, which acted and reacted upon each other in a wonderful and recondite manner.

POP-CORN, as a remedy for vomiting in pregnancy, is attracting the attention of certain therapeutists. Dr. Sweringen, in a recent communication to the *Obstetric Gazette*, reports excellent results from its use in an unusually obstinate case.

LUMBAGO may be quickly relieved by binding a piece of oil-skin cloth, such as is used to cover tables, over the loins outside the flannel shirt. Profuse perspiration is produced, which rapidly relieves the pain.—*Philadelphia Med. and Surg. Reporter.*

AMERICAN ACADEMY OF MEDICINE.—The annual meeting of the Academy will be held at the New York Academy of Medicine, 12 W. Thirty-first Street, New York, on Tuesday, October 9 (three o'clock P.M.), and Wednesday, October 10, 1883.

CHEMICAL experts have estimated that the cost of London's winter smoke and fog is \$25,000,000 annually. That is to say, constituents of coal to this value escape unconsumed, and assist in forming the sooty vapor.

BUTTERINE IN LONDON.—Something like one hundred and eighty tons of butterine are brought into the London market every week. The demand exceeds the supply.

[How easily might this deficiency be made up with American lard.]

"One science only will one genius fit;  
So vast is art, so narrow human wit."

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from September 8, 1883, to September 15, 1883.

*Bartholf, John H.*, Captain and Assistant Surgeon, Station changed from Fort Lapwai, I. T., to Vancouver Barracks, W. T. (Par. 2, S. O. 123, Department of the Columbia, September 6, 1883. *Banister, J. M.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Adams, R. I. (Par. 3, S. O., 170, Department of the East, September 10, 1883.)



## The Louisville Medical News.

Vol. XVI. SATURDAY, SEPT. 22, 1883. No. 12.

LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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JOHN P. MORTON & CO.,  
440 to 446 West Main Street, Louisville, Ky.

### MEDICAL TEACHING IN LOUISVILLE.

"Is this the style of doing things in Louisville?" is written on the back of a letter inclosed to us from Philadelphia. The letter is dated Louisville, is addressed to a medical student, and is signed by an officer of a medical college. The student is urged to come to the school in question, and is told that he can get in for half price, etc. We are glad to get this epistle. Many others like it, hatched in the same nest, have been reported North, South, East, and West. We have already quite a collection, but shall be glad if our readers will send us all that they may capture. These letters are mighty interesting reading, but as they were not originally intended for the NEWS and were not sent us by their writers, we feel some delicacy in publishing them; and when we do publish them we beg our readers to consider them strictly confidential, at least not to be mentioned outside the United States.

When these peculiar documents are published with the grand professorial parade at their head, memories of the "Bobolink," "Doodle Bug," "Phenomenon," "The Two-Headed Monster," "The Siamese Twins," and the like will vividly rise before the older readers of the NEWS. That "this style of thing" is being done in Louisville

can not be successfully denied. That it is done with the knowledge of all the professors or trustees of the unfortunate school passes belief.

In reply to our correspondent, we are glad to say that the *University of Louisville*, for which we may speak, is guilty of no such practices, but honorably and strictly abides by the agreement entered into with the schools of this city, of Nashville, of Cincinnati, to charge one invariable fee, and one small enough in all conscience. The University of Louisville neither underbids nor drums for business. We shall have occasion to advert to this matter again, and we bespeak the patience, the co-operation, the support of journals and physicians every where. Every doctor is concerned in the conduct of the schools, and the honor of the profession and the welfare of society are concerned in this matter.

To our erring brethren we say, in all love and charity, "Turn sinners, turn, for why will ye die!" Death and mortification surely await you if you pursue your present course. A policeman or a soldier, when off duty and without his uniform, may misbehave and yet be exempt from punishment, but a professor in a medical school may not, with impunity, do what would be improper in him as a private individual.

### DR. BOSSO WAS MISTAKEN.

A year ago, when yellow fever scourged Pensacola, a Dr. Bosso came upon the scene claiming to possess a specific for its cure. No end of certificates were furnished him by clergymen, hotel-keepers, judges, old women, and other equally competent scientific authorities, of marvelous cures. The other day "Bronzed John" called on Dr. Bosso, found him in, and took him out "to that mysterious bourne from whence no traveler e'er returns." The trick of cheating Death, or of dodging him, when he comes in the garb of La Fièvre Jaune, is yet undiscovered. He laughs at all our



remedies, or rather vomits at them. Barring this latter matter, Monsieur La Fièvre Jaune is, in truth, very genteel, though very terrible. He is admirable and august, in the literal sense of these words. He is not loathsome like variola, nor disgusting like cholera. He is a royal man-eating-tiger sort of malady—magnificent and malignant. He is a fascinating study, but we frankly acknowledge we enjoyed him with less trepidation when he came to Louisville in 1878 than when we encountered him in Charleston in 1863. Imported here, he impressed one as a caged wild beast. In Carolina, it was like meeting him in his native jungle.

### AN ERROR.

The "Louisville Medical College" and the "Kentucky School of Medicine" seem, to a careless observer, slightly commingled, as it were. Dr. Reynolds, in the Louisville Medical Herald, says, indeed, that half the "Kentucky Medical School" faculty are also professors in the "Louisville Medical College." This is an error. The exact fact is that only four officers of the "Kentucky Medical School" are professors in the "Louisville Medical College;" and, as there are nine professors in the "Kentucky Medical School," it is clear that the Herald is wrong. Editors can not be too careful in these matters. Professors are a tetchy folk, jealous of their honor.

We hope the Herald will acknowledge its mistake. But much allowance should be made for the editor who gets the Louisville medical professors a little mixed. Think of it, candid reader! Here we have the "University of Louisville" with eight, and the "Hospital School" and the "Kentucky School" and the "Louisville School" each with eight or ten professors. Then, there is the "Jefferson School" too, dead, it is true, but its remains are scattered in the "Louisville School" and the "Kentucky School." And to further confound the confusion, some of these institutions are summer schools

and some winter. And, again, two of these, which are now only partially connected—the Louisville School and the Kentucky School—were once as much alike as two peas; nay, as one pea, since the members of the two faculties were men of exactly the same name, initials and all, held the winter and summer sessions in the same building, and, as our predecessors in the NEWS, Cowling and Galt said, used the same skeleton wax model and manikin, and had the same janitor. Following is a list of the professors:

<b>University of Louisville.</b> (Winter.)	<b>Hospital College of Medicine.</b> (Summer.)
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J. M. BODINE, M.D., DEAN,	WM. H. BOLLING, M.D.,
LUNSFORD P. YANDELL, M.D.,	JOHN J. SPEED, M.D.,
E. R. PALMER, M.D.,	JOHN T. WILLIAMS, M.D.,
T. S. BELL, M.D.,	WM. BAILEY, A.M., M.D.,
J. W. HOLLAND, A.M., M.D.,	DAVID G. MURRELL, M.D.,
DAVID W. YANDELL, M.D.,	JOHN A. LARRABEE, M.D.,
W. O. ROBERTS, M.D.,	FRANK C. WILSON, M.D.,
JOHN A. OCTERLONY, M.D.,	DUDLEY S. REYNOLDS, M.D.,
H. A. COTTELL, M.D.,†	JOHN A. TANNER, M.D.
W. CHEATHAM, M.D.,†	
R. B. GILBERT, M.D.,†	
C. SKINNER, M.D.†	

<b>Kentucky School of Medicine.</b> (Summer.)	<b>Louisville Medical College.</b> (Winter.)
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WM. H. WATHEN, M.D.,	*C. W. KELLEY, M.D.,
*TURNER ANDERSON, M.D.,	J. A. IRELAND, M.D.,
M. F. COOMES, M.D.,	L. D. KASTENBINE, M.D.,
*C. W. KELLY, M.D.,	*TURNER ANDERSON, M.D.,
HENRY ORENDORF, M.D.,	EDWARD MILLER, M.D.,
*SAM. E. WOODY, A.M., M.D.,	W. H. GALT, M.D.,
JOSEPH M. MATHEWS, M.D.,	*J. M. HOLLOWAY, M.D.,
*JAS. M. HOLLOWAY, M.D.,	*SAM. E. WOODY, M.D.,
J. B. MARVIN, B.S., M.D.	SAM. COCHRAN, M.D.,
	GEO. M. WARNER, M.D.,†
	H. B. RITTER, M.D.,†
	*SAM. E. WOODY, M.D.,†
	W. T. CARTER, M.D.†

†Demonstrators.

With some little effort one might memorize these names, but the trouble is that the professors are constantly changing. From time to time we shall report the professorial movements.

### THE HEALTH COUNCIL OF KENTUCKY.

All persons interested in public health are invited to meet at Glasgow, Ky., October 2d. This organization was effected at a convention of County Health Boards, in Louisville, last spring. Its objects are to stimulate the study of sanitation, and to urge measures for the improvement of the health of the Commonwealth.

Our entire State should be as healthy as Louisville, whose annual mortality is but sev-



enteen per thousand. The country should be as healthy as the cities, but it is not. Let us discover and remove the obstructions to health. No matter of more moment than public sanitation can engage a citizen's attention. A sickness is physical sin, and we should pray, and work without ceasing, to be delivered from it. The first duty of the ministers of medicine is to preach the gospel of health. We hope the Kentucky Health Council's meeting will be a full one. Let us have a grand "revival" at Glasgow. If all the world were well, amiability and happiness would "fill the earth as the waters fill the sea," and we would all have a jolly time this side the tomb. Most diseases are preventable, and Kentucky is one of the best places in the world to prevent them, having the great foundations of health-abundant space, unlimited food, pure water, and a noble climate. Come, dear brethren in hygiea, and let us reason together on these matters.

## Bibliography.

**Observations on the Management of Enteric Fever**, according to a plan based upon the so-called Specific Treatment. Read before the College of Physicians and Surgeons, January 3, 1883, by JAMES C. WILSON, M.D., physician to Jefferson Medical College Hospital. Extracted from the Transactions, Third Series, Volume vi. Philadelphia: Collins, Printer. 1883.

This is a practical and well-written article. The author refers to sixteen patients with enteric fever treated in hospital practice by the "specific method" without a fatal case, which experience, though by no means conclusive as to the efficacy of the treatment, is sufficient to establish its innocuousness, and to call for a wider investigation of the subject. The main features of the treatment are, a dose of calomel, seven and a half to ten grains, repeated every second evening until three or rarely four doses have been taken, opium by mouth or suppository, often associated with bismuth when the diarrhea is excessive, and from the beginning of the attack the following prescription:

R Tinct. iodini, . . . . . f. ʒij;  
Acid carbolicum liq., . . . . . f. ʒj. M.

This is regularly given in doses of one, two,

or even three drops in a wineglassful of ice-water after food, every two or three hours during the day and night.

When the evening axillary temperature reaches 104° Fahrenheit, quinine in large doses, twenty-four to thirty grains, is given upon a falling temperature.

**OPIUM ADDICTION AMONG MEDICAL MEN.** By J. B. Mattison, M.D. Read before the New Jersey Medical Society, June 13, 1883. Reprint. New York: Town's Printing and Book Binding Co. 1883.

**A PERSONAL NARRATIVE OF OPIUM ADDICTION.** By J. B. Mattison, M.D. Reprint.

**THE TREATMENT OF OPIUM ADDICTION.** By J. B. Mattison, M.D. Reprint.

**THE CURABILITY OF OPIUM ADDICTION.** By J. B. Mattison, M.D. Reprint.

**CLINICAL NOTES ON OPIUM ADDICTION.** By J. B. Mattison, M.D.

**NEUROTIC PYREXIA WITH SPECIAL REFERENCE TO OPIUM ADDICTION.** By J. B. Mattison, M.D., 185 Livingston Street, Brooklyn, N.Y.

The above pamphlets are timely contributions to the literature of a subject of growing importance. They are carefully prepared, and show that the author has given the subject much thought and profound study.

Opium addiction among medical men, a question at present not sufficiently discussed, and one of no light bearing upon the future weal or woe of too many physicians, to say nothing of its effect upon the status of their calling, has received special attention at the hands of Dr. Mattison.

We trust that if any of our readers have suffered themselves to fall into the opium habit, they will not fail to peruse these pamphlets, which may be had on application to the author.

**ANNUAL ADDRESS: Medical Bibliography.** By John S. Billings, M.D., Surgeon, U.S.A., etc. Reprint from the Transactions of the Medical and Chirurgical Faculty of Maryland, 1883. Baltimore: Isaac Friedenwald. 1883.

This address is able, eloquent and instructive, and contains a fund of curious and useful information. No one can read it without being convinced of the great importance of the work to which Dr. Billings has devoted not a few of his best years; and, for the well being of medical literature and science, it is to be hoped that no paucity in the appropriations of Con-



gress, or offers of high professorships by great schools, will force or tempt Dr. Billings to relinquish his work in this department.

NOTE ON THE USE OF HYDROBROMIC ACID IN NERVOUS AFFECTIONS. By C. L. Dana, M.D., New York. Reprint.

The diseases in which the author chiefly commends the use of hydrobromic acid, are epilepsy, chorea, and insomnia. From the acid given in these affections he obtained good results.

In two cases of alcoholism, the patients being on the verge of delirium tremens, it failed to give relief.

Given with quinine, it failed to prevent cinchonism, but acted as a good solvent for the drug.

In nervous irritability, congestive headache, post-hemiplegic, circulatory disturbances, irritable heart, and stomachal vertigo, where a general nervous and vascular sedative is indicated, "*bad results*" were obtained.

The author believes that the doses usually given, twenty minims to a dram of the three or ten-per-cent solution, are too small to obtain the proper effect of the drug. He recommends from one and a half to two and a half drams of the ten-per-cent solution, and advises the following as a palatable prescription:

℞ Acid hydrobromic. dil. (10%), . . . ℥ij;  
Tr. nucis vomicæ, . . . . . ℥xliv;  
Aquæ cinnamomi, q.s. ad., . . . ℥ix.

Sig. ℥ij, three to six times a day in considerable water.

In all the milder affections for which the bromides are used, the acid can be substituted. It is, in small doses, agreeable, non-irritating, and will cause no eruption or other symptoms of bromism. Unless given in very large doses, it takes several days to get its best sedative effect.

ON THE PATHOLOGY AND TREATMENT OF CERTAIN FORMS OF NERVE WEAKNESS. By C. L. Dana, A. M., M. D., Professor of mental and nervous diseases and medical electricity in the New York Post-Graduate School, etc.

The most advanced views of the etiology and pathology of this condition, with a clinical history of cases and the most approved methods of treatment are clearly and ably set forth in this treatise by Dr. Dana.

MASSAGE: ITS MODE OF APPLICATION AND EFFECTS. By Douglas Graham, M.D. Boston, Mass. Reprint.

## Formulary.

THE USES OF CREASOTE.—Pure creasote, not carbolic acid, proves beneficial to consumptives and sufferers from chronic catarrh; it is also markedly anti-asthmatic. The proper adult dose is from one third to two thirds of a grain two or three times daily. The maximum single dose is three fourths of a grain. It is best given in pills made by melting two parts of yellow wax and one of creasote, to which any other ingredients desired may be added.—*Analyst*.

REMEDY FOR SEA-SICKNESS.—Dr. W. H. Disosway, in the *Pharmaceutical Record*, says: Any one contemplating a sea voyage will find that by taking for three or four days before the beginning of the trip the following recipe they will be saved much discomfort:

℞ Sodii brom., . . . . . grs. cccxx;  
Aq. menth. pip., q. s. ft. . . . f. ℥ iv.

M. Sig. One teaspoonful three times a day, beginning three days before starting on a sea voyage.

### INTENSE ITCHING.

Sponge the parts once or twice a day with pure rectified spirits, containing five minims of carbolic acid to the ounce.—*Dr. James Startin, in the Lancet*.

### BENZOATE OF SODIUM.

Dr. William P. Watson (*Med. Record*) recommends the following in acute gastrointestinal diseases:

℞ Sodii benzoatis, . . . . . ℥j;  
Elixir simplicis, . . . . . ℥ij.  
M. S. Two teaspoonfuls at a dose.

### SUPPOSITORIES IN PILES.

℞ Iodoformi, . . . . . ℥j;  
Balsam peru., . . . . . ℥ij;  
Ol. theobromæ, . . . . . } āā ℥ iss;  
Ceræ alb., . . . . . }  
Magnes. calcin., . . . . . ℥j.  
M. Divid. in suppos. No. xij.

One of these should be introduced after each evacuation.—*Gazette Medicale*.

### SIR BENJAMIN BRODIE'S PRESCRIPTION FOR GOUT.

℞ Pil. hydrargyri, . . . . . } āā ℥j;  
Ext. rhei, . . . . . }  
Ext. coloc. co., . . . . . }  
Ext. colchici acet., . . . . . gr. xv.

Ft. pil. xv. Sumantur tres horæ somni pro re-natā.



## Correspondence.

### LONDON LETTER.

*Editors Louisville Medical News:*

For the past two weeks there has been very little of special interest to the profession going on in London. Most of the surgeons are away spending their annual vacations, and the hospitals are left in the hands of the assistants. All the major and special operations, that could be with any degree of justice postponed, have been held over for October. Mr. Henry Smith, at King's College Hospital, is among those still at their posts, and does, every Saturday, a number of interesting operations, especially about the rectum. His mode of operating for piles is by the use of the clamp (Smith's) and the actual cautery; he says this has been his almost exclusive way of operating for nearly twenty-five years, and he has never lost a patient. For two months there has been a good deal of fatal sickness in London, principally dysentery, cholera (not Asiatic but English cholera, as Dr. Bell would say), and other bowel troubles. When one walks through the different fruit and vegetable markets here, as I have done, and sees the quantity of stinking, bruised, rotten fruit and vegetables that is sold, at half and less the usual price, to the poorer class of people, who buy and gormandize on it, he will not be surprised at the amount and nature of the sickness; but would certainly be surprised at the toleration of the sale of such stuff by the authorities of the metropolis whose acts should be a criterion for this civilized, progressive world.

In my first I stated that I might, in a future letter, say something about the relative advantages of some of the different medical centers of Europe, and the necessary expense of a medical man's visit from America. I was prompted to this by the difficulty I had in obtaining such facts *as are well* for one to *know* before starting to Europe. And just here allow me to again thank you (Dr. Y.) for the kind, prompt, and altogether satisfactory information you gave me, on which I based my arrangements. In deciding where to go depends a good deal on what a man wishes to do. If he would simply like to come to Europe and freshen up on general medicine, Edinburgh is pre-eminently the place; next, among English speaking people, I should say Glasgow. If he desires to study up surgery, there is no place in the world where he can see so much

and to such advantage as in London. If diseases of the eye are what he most desires, if he is very well up in that branch, he can not do better than at the Royal Ophthalmic Hospital (Moorfield's), London; but if he is deficient in the primary principles of that branch, then he had better go to Edinburgh. If gynecology is his specialty, which is the most popular now of all, I would again say Edinburgh. As to Paris, I would not advise a man who does not understand French to waste his time and money there; on the other hand, if he *does* understand French, it is an excellent place for the study of all branches of medicine, more especially the diseases of the eye; and I would advise any body who may be studying that specialty to visit Paris, for a few weeks at all events. Wecker and Landolt both speak English very well, and take special delight in having Americans visit their clinics. As to Berlin and Vienna, I can only say they are both very much overrated.

Now, as to the expense. I will give a low estimate of living expenses in London, which is the cheapest place that I have found in Europe. Hotel, three to five dollars per day; private board, twelve to twenty dollars per week, including lodging and a small piece of candle to light you to bed (for it is unusual to find a lamp or gas in a bed-room here), and two meals a day, breakfast at eight or nine o'clock, and dinner from six to eight. If a man is married and brings his wife with him, he can arrange his board and lodging differently, and after a manner which would certainly be more pleasant and home-like; as my wife is with me, we have adopted this plan, and are so pleased with it that Mrs. H. wonders why we didn't leave the hotels and boarding-houses before we did. The plan is this: rent apartments, which include two rooms, a bed-room and a sitting-room, the latter may also be used as a dining-room, and these with lights, cooking, attendance, etc., in fact every thing except what you actually eat, may all be had for eight to fifteen dollars per week; then you can buy what you like, and they will cook it as you direct. Every thing to eat is high here, except sugar. Meats, bacon, beef, and mutton, are all about the same price, which is thirty to forty-five cents per pound. If a man expects to be here for only a month or two, it is not necessary to take hospital tickets, but if he is here for more than two months he is expected to take out tickets, which cost at the various hospitals five to twenty dollars per month.



Ocean expenses can not be less than two hundred dollars.

In conclusion, I would not advise any one to come to Europe, for any length of time, with less than one thousand dollars and a *return* ticket in his pocket.

Wishing the News continued success under its recent editorial change, I close these letters with this; and, after recreating in the country for a couple of weeks, we shall sail on the 5th September for home; and as my health is much better than it has been for several years, I feel that I am doubly paid for my trip. Upon my return home my address will again be Richland, Arkansas, at least until January.

WM. HARVEY HARDISON, M.D.

### SANITARY COUNCIL OF KENTUCKY.

*Editors Louisville Medical News:*

The second semi-annual meeting of the Sanitary Council of Kentucky will be held in Glasgow on Tuesday, October 2, 1883. The meeting promises to be an exceedingly interesting one, as is evidenced by the fact that the following distinguished members of the profession have promised to be present on that occasion and contribute papers on matters pertaining to sanitation. Below will be found a partial list of the contributors and their subjects:

PINCKNEY THOMPSON, M.D., *President State Board of Health.* "Hygiene of the Family."

JNO. J. SPEED, M.D., *Secretary State Board of Health.* "Work of the State Board of Health."

PROF. L. P. YANDELL, M.D. "Alcohol a most fruitful Source of Disease."

President Sanitary Council of Ky. "The Busy American."

J. N. MCCORMACK, M.D., *Member of State Board.* "Hygiene of the Schools."

R. M. ALEXANDER, M.D., "Sanitary Legislation."

PROF. J. W. HOLLAND, M.D., *Member of State Board.* "Cholera Epidemic of 1873 in Kentucky."

JOSEPH LEECH, M.D. "Smallpox."

PROF. L. EDDY, Reciprocal relations of the citizens to State Board of Health.

J. A. BREEDING, D.D.S. "Dental Sanitation."

Members of all the county boards of health, medical men, philanthropists, and all lovers of the health and prosperity of the State are cordially invited to be present and take an interest in the meeting.

J. A. DIXON,  
*President Sanitary Council of Ky.*

### Selections.

FORCIBLE DILATATION OF THE CARDIAC AND PYLORIC ORIFICES.—Dr. A. Albertini reports, in the *Gazetta degli Ospitali* of the 18th ult., that Prof. Pietro Loreto on July 15th performed forcible digital dilatation of the pylorus for the fourth time. (Lancet.) The patient, E. P., aged thirty-four, a native of Castroccero, had suffered for three years from an affection of the stomach with vomiting, often twice daily. She was so emaciated that the body resembled a skeleton. The stomach was bound by numerous and solid adhesions to the liver, the intestine, and the great omentum. Several arteries required ligature. The diagnosis, pyloric stenosis following slow inflammation, was fully confirmed, and the operation of digital dilatation was completed under chloroform in thirty minutes. It was on the tenth day that the dressings were first changed. The wound was then healed without the slightest constitutional disturbance. Neither vomiting or nausea returned, nutrition improved, and the patient left the hospital at the end of the month perfectly cured. On July 9th, Prof. Loreto practiced forcible dilatation of the cardiac orifice on E. G., who for four years had had cardiac constriction. The patient had suffered from such continuous vomiting, incessant pain, and extreme emaciation, that her life was despaired of. In operating in this case the incision in the abdominal wall was almost horizontal, and just below the ensiform cartilage. The stomach was freely opened below the small curvature and a metallic dilator was employed to widen the contracted cardiac orifice. The stomach and the abdominal wall were sutured as in the pyloric operation. The wound healed by first intention, and without febrile disturbance; vomiting did not recur, food was relished, and the patient regained flesh so rapidly as to increase nearly fourteen pounds in weight within six weeks.

DIPHTHERIA AND SCARLATINA.—The identity or not of the poisons producing diphtheria and scarlatina has been the subject of much discussion, and any information bearing upon the question is worthy of record. (Lancet.) A curious instance of the manner in which these diseases at times coexist and alternate with each other is recorded in a report addressed by Mr. W. H. Power, to the Local Government Board, and to



which we refer elsewhere, on a prevalence of infectious diseases at Whitstable. Diphtheria commenced in Whitstable in October, 1880, and continued till January in the following year. It had not long prevailed when scarlatina appeared, the two diseases being concurrent and attacking at one time different members of the same family. The diphtheria then began to disappear, while the scarlatina became more prevalent and assumed an increasingly fatal type. Toward the middle of 1881 the scarlatina epidemic declined, and diphtheria, at times fatal, reappeared; indeed, with the absolute disappearance of scarlatina, diphtheria early in 1882 steadily spread, remaining more or less prevalent throughout the year. During these several occurrences more than one of the medical practitioners in attendance on the cases had difficulty in diagnosing between the two diseases; thus cases of smart throat illness associated with distinct skin rash and altogether free from faucial false membrane occurred, and yet at no period of the illness or convalescence did any such tendency to desquamation as usually follows on scarlatina show itself. Eight or ten years ago very similar circumstances were observed at Whitstable, diphtheria being exceptionally fatal and at the same time associated with a fatal prevalence of scarlatina. Mr. Power abstains from expressing any comment on the questions arising from a consideration of these circumstances; the facts are, however, highly interesting.

**MEDICATED GELATINE IN SKIN DISEASES.** Prof. Pick, of Prague, has recently advocated a new method of applying remedies to diseased skin. (The Lancet.) He melts in a water-bath some pure white gelatine in twice its weight of distilled water, and while keeping up an incessant agitation adds the quantity of medicinal substance—*e.g.*, chrysarobin, iodoform, salicylic or phenic, and pyrogalllic acids, and then allows the mass to cool. For use, a portion of this mass is melted in a little receptacle placed in boiling water, and is then applied to the diseased skin by a camel-hair brush. It presently sets and compresses the skin; but unless smeared over with a little glycerine, in the proper use of which some little experience is needed, the gelatine is apt to crack and fall off. In this way Pick has obtained good results in psoriasis, by the application of a gelatine containing ten to twenty per cent of pyrogalllic acid, or ten per cent of

chrysarobin, after a thorough washing of the parts with potash soap in a warm bath. In severe cases he renews the applications every two days. He has also successfully employed gelatine medicated with five to ten per cent of salicylic acid in the squamous stage of chronic eczema, and some erythematous conditions, and in pruritus. The gelatine is easily removable by washing.

**CAPILLARY PULSE.**—In normal physiological existence the pulse-waves become so toned down by the elastic property of the arterial walls, that no pulse can be said to exist in the capillaries. Under certain circumstances the pulse-wave is carried over to the capillary vessels and may be there demonstrated. Quincke published a paper on the subject in 1868, in the *Berliner Klin. Wochenschrift*, No 34. According to him, the capillary pulse, characterized by alternating pallor and redness of the tissues isochronous with the systole and diastole of the heart's action, is specially perceptible in the matrices beneath the nails. The phenomenon may be seen sometimes in the healthy body, in those suffering from anemia, and especially in individuals the subjects of aortic regurgitation. Quincke further observed the capillary pulse in the capillaries of the fundus oculi of two patients under treatment for valvular insufficiency of the aorta. Writing in *La France Médicale*, No. 15, M. Albert Ruault has again drawn attention to the phenomenon. He recommends the production of a vasomotor disturbance by drawing the finger nail smartly across the skin of the forehead and studying any variations which may present themselves. A sensitive area, so to speak, is thus produced where the capillary pulse may be seen in those in whom it happens to exist. Ruault has observed the condition in various pathological states where the coexistence of excessive cardiac impulse and general arterial narrowing was noted.—*Lancet*.

**CEREBRAL LOCALIZATION.**—The center for movements of the thumb has been indicated on more than one occasion by the autopsy of a patient who had had paralysis limited to the thumb, and we now have, at the hands of M. Lepine (*Revue de Médecine*, July, 1883), pathological evidence brought before us of the site of the center for the movements of the fingers. (Medical Times and Gazette.) The case in question was that of a young woman, the subject of phthisis,



in whom partial paralysis of the right arm supervened suddenly one night, the movements of flexion and extension of the hand being lost, as also those of the fingers, but the thumb showed no loss of power at all. There was no impairment of sensation in the hand. The patient died the next day, and at the post-mortem examination there was found on the external aspect of the left hemisphere a group of tubercular granulations, forming a mass about the size of a bean, situated in the furrow which separates the ascending parietal convolution from the parietal lobule; it was four centimeters from the median fissure between the two hemispheres, and five centimeters from the fissure of Sylvius. It was situated in the meninges, and was easily stripped off with these from the surface of the brain. At the point where it rested there was a cup-shaped depression of the gray matter, but no loss of substance, and it must therefore be presumed that the symptoms were due to the anemia caused by the pressure. Tubercular affections of the brain are so frequently multiple or widely diffused that it is not often they can be of much use in advancing our knowledge of the functions of the different parts of the cerebral cortex. The present case is therefore unusual in that respect as well as in the site of the lesion.

**IODIDE OF POTASSIUM IN NON-SYPHILITIC NERVOUS DISEASE.**—Dr. Seguin in a paper, in the Archives of Medicine, on "The Efficacy of Iodide of Potassium in Non-Syphilitic Organic Disease of the Central Nervous System," protests against the general belief in the *specific* action of the iodide in syphilis. He is no believer in the comfortable doctrine of the specific action of remedies—a doctrine which he regards as fallacious and unscientific. He thinks that remedies act on the organism as a whole, or on its apparatuses, or on some of its tissues, or on its constituent chemical ingredients, in a *physiological* way, *i. e.*, by and through the operation of chemical and physiological laws already operative in the animal body.

Dr. Seguin confines himself to a clinical view of the question obtained from the examination of certain cases which have come under his notice, and which he believes exhibit the efficacy of the iodide in non-syphilitic nervous disease. In three cases of organic disease of the brain, many threatening symptoms were relieved, some of them immediately, and on different occasions, by the free use of iodide. In all these post-mor-

tem examinations were made, and the gross lesions found. In all of them there was no clinical or histological evidence of syphilis. Of six cases, which are still living, and some cured, he says, "I divide this group into two classes. The first, three cases of organic cerebral disease in the adult, two cured, and the third twice relieved of most of his symptoms by the iodide. The other class is, three cases of basal meningitis with optic neuritis in little children, who recovered rapidly while under the iodide. I attach much less importance to these infantile cases, because of the doubt that must remain as to there having been any thing more than optic neuritis. Still, they have a certain value in a purely clinical paper like this one."

The doses employed he has increased much of late years, and patients of all ages bear doses of from fifty to one hundred and fifty drops of a saturated solution, three times a day, without iodism or gastric catarrh. He gives it largely diluted, in a half to a full tumbler of water, on an empty stomach. He uses Vichy instead of common water as a vehicle—or substitutes for poor patients a solution of bicarbonate of soda. In several patients digestion was improved by the iodide.

**PROF. NOTHNAGEL ON THE TREATMENT OF CHOREA.**—In the course of a clinical lecture on chorea, Professor H. Nothnagel remarked that when the disease followed articular rheumatism, salicylate of soda was given; but this treatment had to be pursued empirically and carefully, as nothing was yet known of the nature of the disease. (The Medical Press.) Opiates had no effect, neither had calabar bean. Now-a-days potassic bromide was almost always given, but without any good result. As calmatives, and for the purpose of procuring sleep, morphia and chloral might be given. He had convinced himself by numerous experiments that propylamine was useless. Arsenic, in the form of Fowler's solution, was still the most effective remedy. It could be given by itself or in water. He suggested the following:

R Liq. Fowleri, . . . . . grm. v;  
Aq. destill., . . . . . grm. xv. M.

Five drops to be given in a tumbler of water immediately after meals, and the dose to be increased by three drops every day until it reached thirty drops, after which it was to be slowly diminished. The constant cur-



rent was another effective remedy in chorea, combined with tepid bathing or the application of ice-bags to the spine.

**THE THIRD ELEMENT OF THE BLOOD.**—Hayem has repeated his convictions on the subject of the newest phases of the histology of the blood before the Académie des Sciences. (*Lancet*.) As it will tend to make clear some of the confusion which has grown around the question, we give in a few words Hayem's conclusions. We do this the more especially because our readers may compare them with the papers by Norris, lately published in our columns. The hematoblast of Hayem is regarded as the precursor of the red-blood disc and as the agent concerned in the coagulation of the blood. The "blood plate" or "plaquette," described by Bizzozero, is considered by the French observer to be identical with the hematoblast. It will be remembered that Norris has postulated the identity of his invisible corpuscle with Bizzozero's "plaquette." By Hayem the invisible corpuscle is still looked upon as a red disc from which the hemoglobin has passed away. Each observer claims for his element an important rôle in the development and coagulation of the blood. Schmidt, of Dorpat, has assigned the chief agency in the process of coagulation of the blood to the leucocytes, or white-blood corpuscles.

**TREATMENT OF THE DESQUAMATIVE STAGE OF SCARLET FEVER.**—In his report at a recent meeting of the Axbridge Board of Guardians, Mr. G. Smith, medical officer of the workhouse, speaks favorably of the treatment adopted by him in the desquamative stage of scarlet fever occurring among inmates of the workhouse, viz., sponging the body twice daily with oatmeal scalded (not boiled), in the proportion of one ounce of oatmeal by weight to one pint of boiling water, the resulting mixture being used tepid. By this means the risk of spreading the disease is diminished, the skin is protected from the action of the air, and the risk of dropsy is lessened.—*Lancet*.

**TAPE-WORM A CAUSE OF APHASIA.**—Dr. Armangue reports a case of a woman of sixty who was seized with vertigo, and a few days later lost the memory of words for some days. After the expulsion of a tape-worm there was no return of her nervous troubles. He quotes a case of aphasia in a child cured by the expulsion of numerous

tricocephali, published by Daniel Gibson, and a case of aphasia coinciding with tenia, published by Seidel; also, a case of reflex hemiplegia and hemianesthesia, with convulsive seizures, in a little girl of twelve, cured by expelling a tenia.—*Denver Medical Times*.

**MOSS AS A DRESSING.**—At the Berlin Surgical Congress, Dr. Hagedorn, of Magdeburg, reported that from a trial which he had made, during six months, of fresh-dried moss (*sphagnum*) as an application to all kinds of wounds, he was enabled to speak most highly in its favor. (*Central. f. Chirurgie, Beilage*.) It possesses no disinfecting power, but is used in conjunction with weak sublimate solution. It is cheap, very absorbent, elastic, and convenient of application. In these respects he regards it as superior to turf, which has recently been much used, and was highly spoken of at the discussion which followed the paper.

**GRINDELIA ROBUSTA FOR ASTHMA.**—Dr. Bombelon recommends the smoking of cigarettes, the tobacco of which has been saturated with the resin of grindelia robusta, to asthma patients, whether they are smokers or not. The tobacco must also be well impregnated with saltpeter, which will facilitate its combustion and the development of smoke. If the patient is unable to smoke the fumes are blown toward him.—*The Medical Record*.

**A CASE OF FATAL INTESTINAL OBSTRUCTION BY WORMS.**—The *Union Médicale* narrates a case of obstruction of the lower third of the small intestines, which proved fatal, in a child aged two hours. The cause of the obstruction was found to be due to a mass composed of twenty dead lumbricoid worms and some débris of tripe of which the child and its parents had partaken abundantly.

**TURPENTINE** in secondary syphilis, and in phagedenic sores following fever, is highly recommended by Deputy Insp.-General Brinsley Nicholson, M.D., in *Medical Times* and *Gazette* of September 1st.

**DELIVERY PREVENTED BY AN ENLARGED SPLEEN IN THE CHILD.**—Mr. J. Webber, of Dinagapore, India, reports the occurrence of this rare accident, in the August number of the *Medical Press* and *Circular*.



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, SEPTEMBER 29, 1883.

Original.

TREATMENT OF FRACTURES OF THE  
ELBOW JOINT.\*

BY EDWARD VON DONHOFF, M. D.

Because of the great utility of the elbow joint, and because of the unsightliness of deformity in this locality, perhaps more ingenuity has been expended in devising modes of treatment for fractures here than elsewhere in the body. But for the reason that fractures of the elbow are of frequent occurrence, and are often times treated by those unfamiliar alike with the gravity of these lesions and the technique of their proper surgical management, I venture upon the following remarks with the hope that they may be not altogether amiss, and possibly prove beneficial in a small degree. That which I shall say will embody personal experience, which, ill or good, subserves best the purpose of an interchange of knowledge.

The nature of fractures through joints is always that of a complicated injury, which varies in gravity with the size of the joint and the complexity of its office. It appears at once, then, that fractures through the elbow joint are of the most serious character, since this is one of the largest and the only complex one in the body. Immediately on the threshold of the situation we are met by questions of the most serious moment, which always more or less modify the issue and are active elements in the subsequent history. I refer to traumatic gravities; though in the elbow these are not a more common condition than in other articular fractures, but here they more readily compromise the result of treatment than in simpler joints. The reasons are patent to those

who will contemplate the mechanism of the part, and my remarks would exceed your patience if interspersed with a detailed description which every hand-book of anatomy furnishes. The philosophy of early securing rest to a fracture any where, is based upon a desire to prevent pain and inflammatory complications. Joined to this is the paramount necessity of preventing further irritation to the delicately sensitive synovial membrane. But for these desiderata no other treatment need be undertaken until the time when repair begins has arrived. Without being scientifically familiar with all the reasons, the older writers advised abstinence from "permanent dressings" until the subsidence of acute swelling. They feared the results of undue pressure occasioned by swelling beneath the bandage. We know that repair proper does not begin until the superabundant effusion has been absorbed and comparative vascular equilibrium has been re-established, and endeavor to facilitate this by means to secure rest of the parts. We know too that in joint-fractures much depends on the prevention of disorganizing processes in the interior structure of the joint; but not only do these militate against proper repair and re-establishment of function, but against the very existence of the limb. Nothing furthers our purpose better than rest, and nothing secures this better than prompt fixation of the injured part; but just here comes in the chance of grievous error, which may best be illustrated by a supposititious case.

Given, a fracture through the internal condyle apparently involving the ulnar trochlear surface; great swelling and pain; inability on the part of the manipulator to determine by the necessarily baulked sense of touch whether apposition of the fragments can be secured before the dressing is applied. What shall be done? By all means keep the limb quiet; if you like, with a

\*Read before the Louisville Medico-Chirurgical Society, September 14, 1883.



properly fitting box splint or plaster casing. Keep up this first treatment until the disappearance of the acute swelling, which will be in from five to six days, and then adjust the fragments. Nothing has been lost; certainty of apposition is secured. Do not wait longer, however, lest the ensheathing callus should form and prevent the possibility of "readjustment" without the exercise of undue violence. *Success here depends upon a certain selection of the opportune moment for changing the dressing.* At the end of the tenth day the ensheathing callus is nearly, if not quite perfectly formed, and the condition must be left undisturbed, unless, indeed, the degree of deformity should warrant the risk of re-inviting an acute exacerbation. It is such common practice to "put up" a fracture and "leave the parts undisturbed" for four or five weeks, and it is such a common experience to be astonished at the result (?) of such pious regard for rule (?), that I believe the teacher who succeeds in removing this bane of routinism, especially as it applies to the treatment of joint fracture, ought to be praised by the profession and laity alike. Billroth has lately contented himself with the simple application of adhesive plasters, put on in parallel strips in the long axis of the limb, in cases of fracture through the elbow joint, and is satisfied with the results; they are uniformly good. By this means the parts are sufficiently "fixed" to prevent undue motion, the changes of condition may be promptly and accurately noted, and the passive motion begun as early as is essential to securing perfect usefulness.

This great teacher permits the arm to hang by the side in order that the weight of the lower section may act as a counter-extending force. No fracture in the continuity of long bones, or communicating with their joined extremities, constitutes an exception as regards the influence of muscular contraction and its tendency to produce and maintain deformity. The more comminuted the fracture (simple), the greater will be the displacement of fragments by muscular contraction. Immediately succeeding violence sufficient to break a bone, the neighboring muscles are in a state of spasm, and this, though it may be temporarily overcome by anesthetics, does not finally succumb to any thing save due disappearance of active irritation brought about by proper rest and position; these conditions being by no means always secured by covering up the difficulty with a coating of plaster-of-

Paris while the patient is anesthetized; for, how often does it happen that a broken limb is the site of acute pain after "the doctor" has put on a beautiful covering which really serves the opposite purpose from his intention! Such a condition is in every case an imperative indication for the removal of dressings. It means that the adjustment has not been accomplished, that muscles are contracting violently and forcing sharp, rough surfaces in contact with sensitive parts; it means that (if nothing else happens) kindly nature will, after a time, adapt herself even to bad surgery, that the pains will disappear (as the doctor promises), and the muscles maintain a permanently contracted state. Thus nature protects the injured joint from further violence, but at the same time marks the victim of fearfulness or ignorance with deformity and impaired or destroyed usefulness.

It happens rarely that a fracture of the elbow can be properly adjusted at the first visit of even the *expert* surgeon. When it is accomplished, the best evidence of the fact is entire absence of pain and but slight elevation of local temperature. If an opposite condition obtain, *i.e.* pain, heat, swelling, and general restlessness, it is frequently a fact that a smooth, nice looking dressing covers up a state of affairs which would be much improved by its prompt removal. For, surely, there is not a re-establishment of the normal relationship of parts. The deduction is plain. The dressing, whatever its character, must secure freedom from pain and concomitant conditions. Let it be simple, then, as possible, and manageable in some degree by the patient or nurse. Let it have in common with permanent apparatus only the characteristic of strength and stiffness. A tin or a leather gutter-splint answers the purpose best. If it be possible to adjust the fragments certainly, at the first examination, it is proper to do it; but, if the operation be coupled with doubt, nothing has been lost if the dressing be of the character described, and daily inspection of the injury be practiced and the earliest moment for a second effort at reduction be promptly utilized. Two or three hours will nearly always suffice for the formation of considerable swelling; enough to make it quite unsafe and to render manipulative efforts of doubtful merit. Under such circumstances it is best to defer an attempt at perfect apposition, and to make a guarded diagnosis as to the exact line of fracture. There are occasional instances presented by thin, delicate



subjects, in which these impediments are absent.

It is customary to adjust to fractured elbows a rectangular splint, because most of us have been led and allowed ourselves to believe that an injury of this sort means an almost invariable establishment of ankylosis, and hence it is sought to give the limb the most useful (?) position preparatory to the expected result of treatment. Without stopping to consider, just now, the propriety of the position (rectangular) given the limb, I wish to submit that the usual prognosis is unfair to both physician and patient; though I believe it to be based upon experience but not of such a character as better practice might have rendered it.

If the foregoing remarks be borne in mind, it will be admitted that, since a strong ensheathing callus is formed by the tenth day of the existence of the injury, passive motion may be now safely begun. It need not, *must* not be violent or extensive, but merely sufficient at first to satisfy oneself that there *is* motion. Every third day after the tenth, somewhat increased effort at passive motion should be made, and at the same time the patient should be encouraged to make voluntary attempts. In my experience these measures have resulted in my being able to finally dismiss my patients when the fracture had united (?) at the end of the sixth week, with good motion and with the way paved for its perfect re-establishment. I do not believe such an experience to be phenomenal, but unusual with those unduly timid in the management of their cases. It is quite possible to overdo such practice as is here counseled, and thus favor the appearance of "delayed union." Nice discrimination may protect us from this mishap. But even when it occurs it is as much due to constitutional defects as to the method of treatment. Care should be taken to discover the presence of constitutional disease, or cachexia, and, in the event of its discovery, efforts at motion may be advantageously delayed and more cautiously practiced than ordinarily.

The contrast between cases treated as ordinarily and those treated by the method here advised is too great to be overlooked. Instead of the stiff wrist and fingers, incident to the long confinement which is a part of the ordinary mode of procedure—that of including these parts in the conventional fixed dressings—the patient never loses any part of their perfect mobility, as is evidenced by the case before you. With due

regard to consistent rules for maintaining perfect quiet during the formative stage of the ensheathing callus, both the hand and the wrist may be set free after the tenth day in the history of the case; and thus the time usually devoted to efforts at re-establishment of function in these parts (fourteen to twenty days) may be saved to the patient, no small matter to a laboring man. After the tenth day, then, it is neither necessary or expedient to permit the casing of the limb to cover more of it than from the wrist joint to the insertion of the pectoralis major in the humerus. This is best made of leather, molded to the arm and supplied with lacings. It is not even necessary to keep this apparatus on at all times, except in case of small children or refractory persons; but its use may be limited to the night, when the unconscious movements of the body may occasion mischief. It matters little what be the degree of angularity, more than  $90^\circ$ , is given to the arm as it lies in the leather sheath. But it has seemed expedient to me to place it at about  $135^\circ$ , this being about the most comfortable position of the limb during sleep or consciousness. I do not anticipate ankylosis in my cases of "simple fracture" of the elbow, and therefore, and for still another reason, do not "put them up" at the classical prescribed angle. If by some rare accident (suppurative disease) a simple fracture should result in ankylosis, it can easily be demonstrated that the angle of  $135^\circ$  is preferable to  $90^\circ$ , except under somewhat extraordinary circumstances, as, for instance, the subject's having but one arm; in that event the angle of  $90^\circ$  is best, so that the person may feed himself. In compound fracture or excision of the elbow the conditions are all of a character which render it practical to anticipate ankylosis; if such be the result, the limb is more useful when stiffened at  $130^\circ$ – $135^\circ$ . Especially is this the case in the laboring class. The hammer, shovel, or trowel, or nearly every other implement of industry may be more advantageously handled with the arm in this position, whereas the rectangular poise is only adapted to eating, the head-toilet, and writing. Under proper circumstances calling for a choice between these two positions of fixation, the greatest need of the particular case should govern. It is a most important matter, and deserves the careful attention of any practitioner who may be called upon to treat fractures involving the elbow joint.

LOUISVILLE.



## Miscellany.

THE SENSES IN NEW-BORN INFANTS.—The following is a summary of the inaugural dissertation of Genzmer on the above subject. (Birmingham Medical Review.) He says that the sense of touch is developed from the earliest period, and reflex actions are readily excited by the slightest stimulation of the nerves of touch, especially of the face, then of the hands and soles of the feet. The feeling of pain is but slowly developed, and is only clearly exhibited after four or five weeks, before which time infants do not shed tears. True muscular sense is at least doubtful. Excitement of the sense of touch gives rise to unconscious reflex movements; the amount, therefore, rather than the quality of the sensation is observable. Closure of the nostrils occasions a reflex dyspnea. Hunger and thirst are manifested in an increased general irritability followed by reflex movements; these cease after the first week. Smell and taste are not distinguishable to infants. Genzmer asserts, in opposition to Kussmaul, that the sense of hearing is perceptible in the first, or at most the second, day of life. New-born infants are so sensitive to light that they will turn the head to follow a mild light; while if strong glare be suddenly thrown upon the eye, squinting is induced, and even convulsive closure of the lids. After a few days the child will follow the motion of various objects by movements of its head. Between the fourth and fifth weeks the convergence of the pupils and the power of co-ordination in vision are perceptible. A distinct perception of color does not exist under four or five months; before then it is quantity rather than quality of light that is recognized. The inhibitory reflex center is not yet developed in the eye; weak and moderately strong irritation excite movements which subserve that purpose. Excessively strong impressions only excite passive movements. New-born infants can not separate the impressions on their organs of sense. The readiness of excitability is shown in the fact that the stronger the stimulation the shorter the physiological interval.

A FEW WORDS TO SUBSCRIBERS.—We commend this, from the *Pacific Medical and Surgical Journal*, to our delinquents: Bills have been sent recently to most of our subscribers. Quite a number have responded

at sight. We return them our sincere thanks" and we have an abundant stock of gratitude on hand for others to draw upon in like manner. Some names stand on our list coupled with a considerable amount of arrearages. It is probable that most of these have allowed their accounts to run on from year to year through sheer oversight. Where there is a reasonable excuse we make no complaint. But we do expect to hear from those who can pay and who have no good reason for not paying. It adds a grievous burden to the toil and worry of an editor when the pittance of less than "a penny a day" is withheld from him. The burden is financial in part only. Neglect and indifference weigh heavier than mere pecuniary considerations.

MALARIAL DISEASES are reported by the secretary of the Connecticut Board of Health as unusually prevalent in places like Manchester, where they have more recently appeared, while in the places where they first appeared but little prevalence is noted, and the deaths from typhoid fever exceed those from all forms of malarial fever. (*Boston Medical and Surgical Journal*.) Still, even in these places, there has been quite a number of cases of acute intermittent fever, which has not been noticeable before for several years. Upon the whole, however, the malarial influence appears to be waning very decidedly and its effect upon other types of disease less marked. The sale of quinine at the drug stores has rather decreased in comparison with that of former years. The progress into new territory is slow; but few towns report cases. Hampton, in Windham County, reports a few cases. This is one of the hill-towns with little swampy land comparatively. Several cases are reported from Watertown, Naugatuck, Monroe, Haddam, Suffield, Windham, and Westport, but in general malarial diseases occupy a much less prominent place, while typhoid fever is increasing in frequency.

WILLIAM BATES, B. A. (*Birmingham Medical Review*) says of Harvey, that, like the "Virtuoso" of Akenside,

"He many a creature did anatomize,  
Almost unpeopling water, air, and land;  
Beasts, fishes, birds, snails, caterpillars, flies,  
Were laid full low by his relentless hand,  
That oft with gory crimson was distain'd;  
He many a dog destroy'd and many a cat;  
Of fleas his bed, of frogs the marshes drain'd;  
Could tellen if a mite were lean or fat,  
And read a lecture o'er the entrails of a gnat."



DR. ABERNETHY AND THE LATE GENERAL DIX.—In the biography of the late General Dix, written by his son, Morgan Dix, which has just appeared, is an account of an interview with the celebrated Dr. Abernethy. It will interest our readers especially, since it is known that the wisdom of the physician's advice carried General Dix from dyspeptic youth into eighty years of robust life. General Dix gives the account himself: "He received me with great civility, heard a few words of the story, and cut me short as follows: 'Sir, you are pretty far gone, and the wonder is you are not gone entirely. If you had consulted common sense instead of the medical faculty you could probably have been well years ago. I can say nothing to you excepting this: You must take regular exercise, as much as you can bear without fatigue, as little medicine as possible, of the simplest kind, and this only when absolutely necessary, and a moderate quantity of plain food, of the quality which you find by experience best to agree with you. No man, not even a physician, can prescribe diet for another. 'A stomach is a stomach;' and it is impossible for any one to reason with safety from his own to that of any other person. There are a few general rules which any man of common sense may learn in a week—such as this: That rich food, high seasoning, etc., are injurious. I can say no more to you, sir; you must go and cure yourself.'"

ON ANESTHETICS IN OPERATIONS ON THE TONGUE.—A writer in Practitioner says, in administering anesthetics in excisions of the tongue it seems all-important that the anesthesia should *not* be profound. He holds that partial insensibility only is admissible, and has seen more than one fatal case during removal of the tongue, the patient being profoundly insensible. He believes that if there be much or little bleeding, mop as much as you may, some blood trickles backward, and little pools accumulate in the glosso-epiglottidean pouches, and flow over into the larynx, and the epiglottis, being held erect by the drawing forward of the tongue, can not divert its course. On the other hand, the patient coughs up the blood if only *partially* under the anesthetic.—*Boston Med. and Surg. Jour.*

[In such cases anesthetics which are slow in action, like ether, should never be used. Chloroform which acts more promptly will submit the patient to less risk from strangulation.]

A DRUGGIST'S ERROR.—A physician of Paterson prescribed some quinine for a patient the other day, and the druggist made up the powders by weighing them. (The Weekly Medical Review.) In a fit of absent-mindedness he rolled up in a paper the little weights of the scales, and gave them to the messenger. The next day the doctor called to see his patient, a German woman, and asked how she was getting along. "I vos got along bretty goot," she replied, "aber I ton't know how much to take py dot funny medicines. Dose bills pe two dree sizes, und I can'd know py meselluf vich I shall take furst. I took dree or four leedle vons furst." The doctor asked to have the medicine shown to him, and was astonished to see the apothecary's weights. "Are these what you took?" he asked. "O, yah! Did n't I dolt you I dook dree or four? Und dem make me veel a crate deal besser already." The woman had actually swallowed the four smallest weights, and so strong was her imagination that she recovered health at once, and soon was at her work again.

TREATMENT OF IODISM.—The unpleasant effects of the iodide appear earlier and continue longer in those in whom the processes of elimination are deficient or slow. If large draughts of water are taken with iodide, in many cases iodism may be prevented, the water aiding in elimination. Bumstead states that if Fowler's solution is administered with the iodide, the eruption of acne may be prevented. Some claim that, if a full dose of carbonate or spirits of ammonia be administered with the iodide, the unpleasant effects of iodism may be obviated; but Ringer states that he has many times tried this, with no decided effects. If, on continuing the drug, the state of tolerance is not established, and if, after exhibiting it highly diluted, or with ammonia, the bad symptoms still continue, by stopping the drug for a few days they will all disappear without any other treatment.—*G. T. Jackson, M. D., in Southern Medical Record.*

DR. SQUIBB has substituted for the ordinary blue and red litmus paper a single color, namely, purple. This purple litmus paper turns red with acids, blue with alkalies. It is claimed to be much more delicate and convenient.

TWENTY thousand ounces of fine gold are annually used in filling teeth.



ANIMAL INTELLIGENCE. — Adopting the terse language of Shylock, we may ask, Hath a dog reason? And, falling into a more lengthy style, we may inquire, Is its reasoning at all comparable to that of the human being? (Lancet.) We think both these questions must be answered in the affirmative. Those who differ from us will certainly admit that the possession by man of a language of symbols must have an enormous influence in increasing the power of his intellectual faculties. So much, indeed, must this be the case that what is really only a difference of degree is yet so stupendous that an intellect, the product of the employment for ages of word signs, might be thought to be an altogether new and original faculty. We are inclined to assert, however, that almost the sole essential difference between the intellect of the dog and that of the man may be traced to the above cause. A dog can reason, but not by using symbols. It employs the mental picture of an object, the olfactory perception of an agent, the auditory impression of a sounding body for the terms of its premises. But clumsy as those may seem, yet the mind of the animal successfully grapples with them. The dog argues from the ideas of concrete things, although incapable of abstraction and of the formation of a conception. Devoid of generalizations, it deals with particulars: but it does reason; it substitutes one idea for another; it weighs and estimates at their true value the successive mental images which present themselves to itself. Every one knows the tenacious memory of the dog, not only for what it has seen, but for what it has smelt and heard. The olfactory sense in many species is truly marvelous, and its mental grasp or memory of the same is remarkable in an equal degree. No division can scientifically be drawn between the memory of a landscape by a dog and the recollection of a region by a man. Moreover, the dog is not simply a mechanism, the result of hereditary action. The individual can learn new things—nay, even execute complex mental feats for itself. The following instance, which forcibly illustrates the power of the reasoning of the dog, came under our personal notice. A gentleman last season bought a middle-aged blue pointer, which, with his good qualities as a “wide ranger” and “staunch pointer,” combined the faculty of retrieving partridges. When the snipe season commenced in October, the dog took no notice whatever of the

“long bills,” but looked upon them as vermin and drove them away. After being out about six times snipe-shooting, finding that his master shot these birds, the dog stood at each snipe, and, when killed, dropped it at the sportsman’s feet. The instance is certainly remarkable. Such a faculty of ready apprehension and creditable performance of a difficult mental task (for it must be remembered that he had his hereditary influences to overcome) would have been hailed with delight had it been manifested by a child who had not the knowledge of spoken language.

GLIMPSES OF SEVENTEENTH CENTURY MEDICINE AND MEDICAL MEN. — E. T. Blackwell, M.D. (Med. and Surg. Reporter): The cause of pain is thus set forth, “We take it that a *Chill Pain*, troublesom with grievous Coldness, takes its original from the *Juice of the Pancreas very acid and sharp, raising an effervescency with Choler less fat or little*, and also *overwhelm’d with Phlegmatic Humors*, as we observe that Spirit of Vitriol mixt with any *Volatil Salt*, but not oily, raises an effervescency, coupled with a notable chilness and coldness, only sensible.” “*A Boaring and Fixt Pain may be Cur’d, by correcting and tempering both the Acid Acrimonie of the Juice of the Pancreas*, and also the *viscousness of Phlegm* accompanying; which is chiefly performed by *Aromatic Gums, Galbanum, Sagapen, Bdellium, Ammoniac, Apoponax, Mastich, Myrrh*, etc., as also by any *volatil salt*, and chiefly *oily*.”

SUING FOR A DIPLOMA.—We see it stated that a rejected candidate has applied to the courts for a mandamus to compel the faculty of the Maryland Medical College to give him a diploma, alleging that his rejection had damaged him to the amount of \$2,000. Such cases are rare. We have had one in California nearly resembling it, the rejected candidate confining himself however to threats. In this case the deficiency of the candidate was so marked that he failed to receive a solitary vote in the faculty; and yet he regards himself as fully competent.—*Pacific Med. and Surg. Jour.*

VACCINATING LIVE STOCK.—M. Pasteur tells the Academy of Sciences of Paris that wonderful results are being obtained in the work of vaccinating live stock as a preventive of disease. During the last year eighteen thousand sheep, four thousand head of cattle and five hundred horses have been



vaccinated. Before this system was introduced the annual loss from liver-rot in one department was nine per cent, while the loss since then has been reduced over one half. Among flocks partially vaccinated even the loss is one to ten between the vaccinated and unvaccinated. The experiment was fairly tried, the cattle receiving in care and food the same treatment. Among the four thousand five hundred and sixty-two head of cattle vaccinated during the year there were but eleven deaths, the rate of mortality being reduced from 7.03 per cent to .24 per cent.—*Jour. Health.*

PREPARING FOR THE CHOLERA.—The negro's fondness for "doing something" is thus illustrated by the *Detroit Free Press*: A middle-aged negro, who seemed to be laboring under considerable excitement, halted a policeman yesterday and asked: "Say, boss, what 'bout dat 'Gypsum cholera de papers am a makin' sich a fuss ober?" "Why, they have the cholera over there," was the reply. "An' she's gwine ter spread to dis kentry?" "It may." "An' dey say it's powerful hard on the cull'd populashum. Man up Woodard Avnue tole dat hit jumped right ober white folks to git at a black'n." "I believe that's so." "Well, Ize gittin ready fur it. Ize carryin an ingion in each britches pocket. Woman on de market tole me dat was a sho' stan-off." "I should n't wonder." "An Ize drinkin' a cup full o' vinegar wid kyann pepper sprinkled in. Hardwar man tole me dat was a boss thing." "Yes." "An Ize soakin' my feets in sour milk free nights in a week, an' rubbin' de spine of my back wid kerosine ile. Butcher up Michigan Avnue tole me dat was a sartin preventer." "I should think it was." "An' got tarred paper an' cut out soles to war in my butes. One of de Al'erman tole me dat de cholera allus strikes de feet fust thing. I reckon it won't git frew dat tarred paper. An' Ize been chewin' a gum made of beeswax an' taller, wid a leetle camphor-gum rolled in. An' Ize bin bled twice in de last month, an' had a tooth pulled, an' my ha'r cut, an' my photograph taken, an' I reckon if de cholera comes friskin' around Detroit I need n't be uneasy."

INTOXICATING LIQUOR DRINKING.—The report of the Commissioners of Inland Revenue shows that, during the year ending March 31 last, the revenue from excise duties upon spirits decreased £62,296, and upon beer £130,451. (*Medical Times and*

*Gazette.*) The quantity of spirits consumed as a beverage decreased in England by 294,270 gallons, and in Scotland by 46,254 gallons, but in *Ireland there was an increase of 245,667 gallons*; thus the net decrease for the United Kingdom was 94,857 gallons. The commissioners remark on the decrease in the consumption in England and Wales, that it appears comparatively small, "but it becomes more significant of altered habits when considered in connection with the *natural increase which must have taken place in the population*. There can not be any doubt that in some localities the spread of temperance principles has already caused a marked diminution in the consumption of intoxicating liquors, and the tendency is still increasing. On the other hand, it is remarkable to find in Ireland, in spite of an estimated *decrease of population*, an increased consumption of 245,667 gallons.

CENTENARIANS.—These centenarians lived and died in the parish of Ilfracombe; their remains are deposited in the churchyard: John Pile, died May 17, 1784, aged one hundred years; Sarah Williams, died January 13, 1788, aged one hundred and seven years; William Soaper, died November 6, 1804, aged one hundred and three years; John Davies, died March 4, 1810, aged one hundred and two years. Elizabeth Brooks, died January 10, 1840, aged one hundred years; Nanny Vaggs (widow), born June 19, 1758, died October 6, 1859; Jane Richards, died June 13, 1875, aged one hundred and one years.—*Medical Times and Gazette.*

ECZEMA OF THE SCALP IN INFANTS.—Dr. Lassar (*Gaz. Méd.*) employs the following formula: Salicylic acid one, tincture of benzoin two, and vaseline fifty parts. A certain quantity of this is smeared over the scalp two or three times a day, after having washed the infant's head with soap and water. To soften the crusts and facilitate the cleansing of the scalp, Dr. Lassar recommends the employment of oil containing two per cent of salicylic acid.

FLATULENT DYSPEPSIA.—The sulpho-carbolate of sodium, in thirty-grain doses given after meals, is recommended in flatulent dyspepsia. Also in ten-grain doses for nausea and vomiting, particularly in pregnancy.

FEMALE PHYSICIANS, UNITED STATES.—According to a statistical return there are no less than 2,432 female physicians.



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H. A. COTTELL, M.D., - - - - - } Editors.

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## FIBRIN FERMENT IN THE TREATMENT OF ANEURISM.

Our time has been fitly called the era of physiological medicine, and the physiologist, while complacently witnessing the wide influence and beneficent results of his favorite branch of science as applied to the treatment of disease, must note with no little satisfaction the gradual acceptance of his teachings by the surgeon, and the uses likely to be made of them in the practice of this most demonstrative branch of the healing art.

In the practice of physic so many of the lesions treated are out of sight, and so much of the science of therapy occult, that there will always be room for doubt with the many, and skepticism with the few, as to the appropriateness of the principles applied or the real significance of the results obtained.

In surgery, however, the conditions are reversed; here every procedure is based on scientific principles, and well nigh every operation performed in the full light of day. When, therefore, the results of physiological discovery are put to trial in surgery, a full demonstration of their worth or worthlessness may be confidently expected.

In view of these facts, a report of a case of femoral aneurism treated by the

injection of fibrin ferment, in the British Medical Journal of August 18th, by B. F. Southam, M.B., F.R.C.S., is of peculiar interest, since it foreshadows, through recent physiological discovery, the substitution of a simple and safe means of treating aneurism for the long and painful method of pressure or the often perilous application of the ligature.

Mr. Southam's patient, a strong, healthy-looking man, thirty-eight years of age, came to the Manchester Infirmary on November 2, 1882, with a pulsatile swelling, about the size of an orange, in the upper part of his right thigh. Aneurism of the superficial femoral being readily made out, the patient was confined to bed for a fortnight, during which time intermittent pressure was kept up by means of tourniquets, but without apparent benefit. At this time the surgeon, acting upon a suggestion made not long ago by Dr. Arthur Gamgee, determined to try the effect of an injection of a solution of fibrin ferment into the aneurismal sac.

The patient was accordingly anesthetized, and the flow of blood through the tumor completely arrested by digital pressure on the vessel above and Esmarch's elastic tourniquet below the site of the aneurism. A solution of fibrin ferment to the amount of one dram was then injected into the sac and the pressure maintained for thirty minutes, at the end of which time it was gradually taken off the vessel above and below, and the blood was allowed to slowly re-enter the limb. At this juncture the aneurism itself seemed unchanged, but pulsation had entirely disappeared in the popliteal and both tibial arteries of the limb. The following morning the condition was exactly the same, but toward evening (thirty hours after the operation) pulsation had returned, and could be distinctly felt in all the larger arteries below the aneurism. The writer has no doubt that the effect of the injection was to cause partial coagulation of the blood in the tumor, but that the clot was not sufficiently firm to resist the blood current, by which it was



washed out and carried to the distal portion of the vessel, where it was afterward broken up and dissipated through the circulation.

The sac in this case subsequently ruptured, the aneurism became diffused, and, finally, the external iliac had to be ligated for its relief; but nevertheless the results of the fibrin ferment injection were sufficiently encouraging to warrant for it further trial.

Mr. Southam suggests that in a similar case it would be well to inject a larger quantity of the ferment, and to keep the flow of blood arrested by pressure for a longer time, in order that a coagulum may form of sufficient density to resist the force of the blood stream on the re-establishment of the circulation through the limb.

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## Bibliography.

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**A Text-book of General Pathological Anatomy and Pathogenesis.** By ERNST ZIEGLER, Professor of Pathological Anatomy in the University of Tübingen. Translated and edited for English students by DONALD MACALISTER, M.A., M.B., Member of the Royal College of Physicians, etc. New York: William Wood & Co. (July number of Wood's Library of Standard Medical Authors.)

Pathological anatomy is here treated in seven sections; section I being devoted to Malformations, section II to Anomalies in the Distribution of the Blood and of the Lymph, section III to Retrogressive Disturbances of Nutrition, section IV to Progressive or Formative Disturbances of Nutrition, section V to Inflammation and Inflammatory Growths, section VI to Tumors, and section VII to Parasites.

Each of these sections is worked out methodically and with commendable condensation of text, and constitutes a treatise, upon the subject with which it deals, sufficiently full to meet the needs of the general practitioner, who may not have time for the perusal of more exhaustive works. Much of the book necessarily discusses topics which have been previously well handled by various writers, and, aside from the opinions of the author and his peculiar manner of description, presents little of novelty. This, of course, is true of every work devoted to the unfolding of any great branch of medicine, but the reader will find a con-

spicuous exception to this rule in the section devoted to parasites. Here many important recent discoveries, not previously embodied in any systematic treatise, may be found, among which the researches and discoveries of Koch and Pasteur relative to specific bacteria, the studies of Klebs in syphilis and typhoid fever with reference to their parasitic nature, and the demonstration by Braun, of Dorpat, that the trout and pickerel of the Swiss lakes are the media of infection for the bothriocephalus in man, are noteworthy.

The work is freely illustrated by woodcuts, which do justice to nature in every thing but color. The editor has done his part with much skill, and, besides making the book accessible and useful to the English reader by an elegant translation of the text, he has added to the original many valuable paragraphs.

Pathological anatomy is at best a difficult science, in which but comparatively few physicians acquire proficiency, and any effort to render easy its investigation will not fail of due appreciation by the profession. The work under notice goes far in this direction, and will doubtless attain a wide popularity.

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**The Physician Himself, and What He should add to his Scientific Acquirements.** By D. W. CATHELL, M.D., late Professor in the College of Physicians and Surgeons, of Baltimore. Third edition. Baltimore: Cushings & Bailey. 1883.

This deservedly popular book has already had several notices at our hands. No work in this generation has been received with more general favor by the profession of this country, and if the secret of its success be asked for, the answer is not far to seek, since it deals with human nature, is replete with common sense, and written with the one object of helping the doctor to a mastery of those extra-scientific problems upon which so much of his professional success depends.

We are confident that no physician, be he young or old, can fail to profit by the perusal of this delightful book, and, predicting for the third edition a rapidly exhaustive sale, we shall look for a fourth in the near future. So long as the struggle for professional existence continues in this jarring and jostling world of ours, and human nature remains unchanged, such books as the Physician Himself will be held in high esteem.



MEDICAL SOCIETY OF THE STATE OF TENNESSEE. Transactions, 1883. Fifteenth Annual Meeting. Committee of publication: Deering J. Roberts, T. A. Atchison, C. S. Briggs, G. B. Thornton, and C. C. Fite (Secretary). Nashville, Tenn.: Printed at the "American" Steam Book and Job Rooms. 1883.

The society met in Nashville on April 10th. The Transactions give evidence of an interesting meeting, and much good work done. Though the number of papers read was small, there being only six besides the address of the president, they are instructive and entertaining, and bear favorable comparison with those reported in the transactions of other State societies. The Constitution and By-laws of the Society and a full reprint of the old Code of Ethics, adorn the pages of the latter part of the volume. The next meeting will be held in Chattanooga, Tenn., Tuesday, April 8, 1884.

PROBENUMMER. Monatshefte für Praktische Dermatologie Redigert von Dr. H. v. Hebra Wien, Dr. O. Lassar, Berlin, Dr. P. G. Unna, Hamburg. Band 2, No. 1. Januar, 1883. Verlag von Leopold Voss, in Hamburg, u. Leipzig. Der preis is halb-jährlich, 6 mark.

A periodical which can place such eminent names as the above on its editorial list needs no praise from us. The present number has thirty-two pages of instructive and interesting matter, prominent among which is an article on syphilitic re-infection, by Dr. von Hebra. We commend the journal to any of our subscribers who may read German.

SOME REMARKS ON NASO-AURAL CATARRH AND ITS RATIONAL TREATMENT. By John N. Mackenzie, M.D., late House Physician in Bellevue Hospital, N. Y., Surgeon to the Baltimore Eye, Ear, and Throat Charity Hospital. Reprinted from Transactions of the Medico-Chirurgical Faculty of the State of Maryland. 1883.

SEWER GAS, AND ITS ALLEGED CAUSATION OF TYPHOID FEVER. By George Hamilton, M.D. Extracted from the Transactions of the College of Physicians of Philadelphia. Third series. Vol. vi. 1883.

DIAGRAMS FOR RECORDING DISEASES OF THE EAR, for the use of Practitioners, Students, and Clinical Assistants. Cincinnati: A. E. Wilde & Co. 1883.

## Correspondence.

### PARIS LETTER.

At the suggestion of M. Pasteur, a scientific mission has proceeded to Egypt to study the nature of the cholera epidemic prevailing in that country. The mission is composed of Drs. Strauss, Thuillier, and Roux, M. Nocard, veterinary surgeon, and Dr. Mahé of the French navy, all tried men who were trained under M. Pasteur in the use of the microscope, and are considered quite competent to undertake such researches. To this list may be added the name of M. Jules Aronssohn, professor of organic chemistry, who was deputed by the Government to act independently of the above mission and to study the etiology of the disease, keeping in mind its chemico-physiological aspects, and the therapeutical indications that may be deduced therefrom.

A mission has started, also from Germany, under the direction of Professor Koch, of Berlin, and another from England, for the same destination and with the same end in view. All are to act independently of one another, and if the true nature of cholera is not discovered in this dire field, it will not be for lack of efficient explorers.

M. Pasteur has given his party written instructions for their own protection against infection, which have been published, and which, if carried out to the letter, will allow the members of the mission scarcely any time for their investigations, as every thing with which they come in contact and every thing they eat and drink, and even the vessels to be employed for the purpose should, prior to use, be submitted to a temperature ranging from 55° to 150° cent. A critic writing on the subject facetiously remarked that, in order to procure complete immunity against the disease, the members of the mission should, if M. Pasteur's microbial theory be correct, have to live in a Ramson's furnace.

Latest reports from Egypt describe the epidemic of cholera as being manifestly on the decline. The British troops have been affected by the epidemic in spite of their being constantly removed from one station to another and encamped in the open air, so as not to allow the malady to get a hold on the men, a practice adopted among the troops in India, and which up till now has been found to answer better than any other sanitary measure in vogue.

Professor Bonchardat, who believes in the



parasitic nature of cholera, has published a report giving the number of deaths from the disease during five epidemics in France, as follows:

In 1832, . . . . .	18,302
1849, . . . . .	19,184
1853-54, . . . . .	7,626
1865-66, . . . . .	5,751
1873, . . . . .	854

This table is sufficiently eloquent and, as M. Bonchardat remarks, although the intensity of the disease was the same during the five epidemics, the progressive decrease in its lethality was evidently due to the advances in science and consequently to improved sanitary precautions.

Dr. Burq, whose name has become famous in connection with his researches on copper, in which metal he finds a general panacea in a great many affections, particularly those of a nervous character, looks upon the metal as a specific in cholera and typhoid fever, and indeed in almost all infectious or contagious maladies, in which cases he recommends its use internally and externally, attributing to it undoubted curative and prophylactic properties. Dr. Burq has been studying these properties for several years, and he is more than ever convinced of the efficacy of copper in the affections above named; and, notwithstanding the persistent opposition he has met with in official quarters and in the profession generally, his persevering courage is undaunted, and would perhaps be more worthy of a better cause. Every opportunity is availed of by him for bringing the virtues of copper to public notice. During the last epidemic of typhoid fever in Paris he rode his hobby before both the academies, and now that the country is threatened with cholera he thought it opportune to bring it to the front again. But he has found a powerful opponent in Dr. Bailly, who came all the way from Chambly in the department of Oise, and, at the last meeting of the Academy of Medicine, vehemently protested against the assertions of Dr. Burq. Dr. Bailly is physician to a large factory in which are employed upward of five hundred workmen in the manufacture of copper articles, and during the twelve years he has been in medical charge of the establishment he found that the men enjoyed no greater immunity than their families from prevailing epidemics.

At the last meeting of the Société de Chirurgie Dr. Richelot, junior, read a report on a communication that was made to

the society by Dr. Vieusse, of Oran (Algiers), entitled "*Contribution pour servir à l'histoire sur le paludisme.*" The work contains five cases of patients, the subjects of malarial poisoning, in whom wounds, whether surgical or accidental, brought on a return of intermittent fever even though some time had elapsed since the last attack, and which disappeared only after the administration of full doses of quinine. Among these cases there was one, however, of which Dr. Richelot had some doubts as to whether the disease should be called malarial poisoning, as the patient died during a severe attack of rigors thirty-six hours after a wound, and he thought that death might be attributable to some other cause. To this Professor Verneuil replied that the cause of death in the case referred to was most probably due to "paludisme" (malarial poisoning), as he did not know of any malady which proved so promptly fatal as an attack of pernicious ague, and added that neither pyemia, nor septicemia, nor even the shock after operations would prove fatal in so short a space of time. Moreover Professor Verneuil stated that the cases under notice were most interesting, as the influence of traumatism on malarial poisoning was not to be found in classical works, and suggested that the subject would be one of fruitful study to physicians and surgeons practicing in malarious countries, and that it would be only after a certain number of observations that the problem in question could be elucidated.

PARIS, FRANCE, August, 1883.

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WASP STINGS.—A correspondent states another death (the second in less than a fortnight) has just occurred near Bishop's Stortford, the deceased, Mrs. H., sixty-three, while cleaning a window was stung by a wasp on the nape of her neck. She called for oil to rub the spot, when she exclaimed she was going, and fainted. A medical man was called, but she never recovered consciousness, expiring within twenty minutes after receiving the injury.—*Medical Times and Gazette.*

STREET NOISES.—The town council of Luton have (*Medical Times and Gazette*) passed a by-law to prohibit, under a fine of 40s., "shouting, singing, howling, or playing upon any drum, tambourine, trumpet, cornet, or other noisy instrument, whether in procession or otherwise."



## Selections.

CASES OF PURPURA HEMORRHAGICA, WITH REMARKS ON THEIR PATHOGENESIS.—By William Russell, M.B., Edin. We excerpt the conclusion from the British Medical Journal:

There are few diseases, our knowledge of which seems to have advanced so little during the present century, as has been the case with hemorrhagic purpura. Since its first description by Werlhof, little has been added to the elucidation of its clinical or anatomical features. Willan, in his work on Cutaneous Diseases (1808), left us a picture which is practically as perfect now as it was then. There we find the premonitory lassitude noted; that the eruption may be preceded by, among other symptoms, shivering and acute pain; that the course of the disease is attended by extreme debility and depression, with a weak and frequent pulse, and, further, that "febrile paroxysms, like those of a hectic or remittent fever, occur at intervals." Dr. G. Gairdner (1823) pointed out the febrile condition of a patient, both during the premonitory and the fully developed stages. Bauer (*Dissertatio Inauguralis Medica de Purpurâ Hemorrhagicâ*, 1828) says that fever is sometimes present, and is sometimes hectic and of remitting character. He also noticed swelling of the spleen, and that the liver was affected, and mentions that Havinga had seen the disease with swelling of the submaxillary glands, and Neuhaüser, with parotid swelling. Dr. B. W. Richardson (Medical Times and Gazette, November 1874) divides the disease into three forms: (1) Aqueous purpura, which seems to be hemophilia; (2) saline purpura, which includes scurvy; (3) vascular purpura, where a disease of the minute capillaries is assumed. Immermann (Ziemssen's Cyclo-pedia of the Practice of Medicine, vol xvii) says there is a "primary disease either of the blood or of the walls of the vessels, or of both together," and that it is "impossible to answer the question as to its pathogenesis," and that, "in the search after an explanation, we are driven either to assume the existence of imperceptible changes in the blood, e.g., the importation of a deleterious miasmatic principle, or to recognize as the basis of the hemorrhagic diathesis a peculiar disease of the blood-vessels more or less independent of the condition of the blood. The febrile movements, he thinks, may be of a "resorptive nature," or the blood ex-

travasated may act as an "inflammatory irritant," or it may be due to what he believes to have existence, namely, a "special anemic fever." Dr. Hilton Fagge (Guy's Hospital Reports, third series, vol. xxv, 1880-1), in a paper on the relation between this disease and sarcomatous growths, says: "Different views may be taken with regard to their relations. One is, that a minute development of sarcomatous tissue, with vessels made up of embryonic cells, occurs at each spot which becomes the seat of an effusion of blood; or, perhaps, that sarcomatous cells, or nuclei, or even leucocytes in an abnormal condition, become lodged in the capillary vessels here and there, and produce softening of their walls after the manner of emboli" (p. 16). "But another view is to regard the purpura, the spongy state of the gums, and the epistaxis, as the joint results of a profound cachexia or alteration of the blood, analogous to that which is present in pernicious anemia, in splenic leukemia, and, indeed, in scorbutus itself. . . In splenic leukemia, a morbid state of the gingival tissues has been described by Mosler; it was present in a case of that disease which occurred in this hospital in 1878" (p. 18). But while stating these two views, he appears to lean toward that of "sarcomatous infection." But, were this correct, we should expect each spot of hemorrhage to become the center of a sarcomatous growth, and this does not occur. Again, that the glandular swellings present in some cases should be regarded as sarcomatous, is open to grave objections, which shall appear hereafter. The other hypothesis, that the affection is due to a structural disease of the minute capillaries, may be set aside, as no satisfactory change has been demonstrated in them, although much attention has been paid to the subject, and as it is difficult to imagine the nature of a vascular change which would give rise to such a series of phenomena. We thus seek to fix on the blood itself as the site of the evil. The clinical outline of the disease is, premonitory depression, or a condition below par, perhaps chilliness; the appearance of spots, and the presence of pyrexia; hemorrhages and increasing pyrexia; and, what has not hitherto been noted, a diminution and destruction of blood-corpuscles out of all proportion to the amount of hemorrhage; a rapid course and a fatal termination. The pyrexia can not be explained on any of Immermann's assumptions, for, in two of the preceding cases, the pyrexia was present when there was nothing but a few spots to



require "resorption," or to act as an "inflammatory irritant," even if it were believed, at this time of day, that blood-clot, under the conditions which hold here, led to pyrexia; and the "anemic fever" theory is untenable, for there was pyrexia in one of the preceding cases, with the red corpuscles at 77 per cent, and, in another, with them at 48 per cent; and we know that this fall in the corpuscular richness of the blood is not, under ordinary anemic conditions, accompanied by pyrexia. And the pyrexia is not the cause of the anemia, for the latter is out of all proportion to what exists in other morbid conditions where as high a temperature-curve is attained. That the blood is the seat of the disease is, I believe, further shown by the glandular enlargements which occur. That such enlargement may take place from a general blood-condition, I had the opportunity of observing, some time ago, in a woman who had recurring attacks of pyrexia accompanied by a general enlargement of glands, the glands regaining their normal size during the apyrexial periods; and, in the above cases, the extent to which the glands diminished after death was very striking. From a clinical consideration of this disease, it appears to my mind to present the characters of a specific fever due to a specific poison, or what Dr. Creighton calls an autonomous disease. On this assumption, I asked Mr. Watson Cheyne to examine what material I had preserved for micro-organisms; and I here wish to acknowledge his extreme kindness in devoting time and labor to this subject. The slides of blood which I had prepared, and on which I had proposed to depend, were so unsatisfactorily stained that Mr. Watson Cheyne could not give a definite report on them. I had, however, retained a piece of heart covered with the hemorrhages characteristic of this disease; this he examined, and I annex his report *verbatim*.

*Mr. Watson Cheyne's Report.*—Immediately beneath the exocardium are extensive hemorrhages raising up the exocardium, and separating the muscular bundles. Many of the capillaries at the deeper part of these hemorrhages are plugged with small bacilli, and here and there, among the effused blood, small colonies of these bacilli are found. There are also a few single bacilli lying among the blood corpuscles, but the typical mode of growth of these organisms is evidently in colonies. The capillaries are not merely blocked by the plugs, but their walls are distended, and, in some cases, rup-

tured, the bacilli thus escaping into the surrounding tissue. There are no evidences of inflammation around the masses, the tissue in the vicinity being apparently quite healthy; and the individual bacilli vary somewhat in length, but the average length is  $\frac{1}{7790}$  of an inch, and their breadth is about  $\frac{1}{20000}$  of an inch, some of them apparently containing spores; at least there are unstained, roundish bodies in the rods, as a rule two in each rod. They do not materially differ in relation to staining agents from the common forms of micro-organisms, such as bacillus anthracis, but they are best demonstrated by an alkaline solution of methylene blue. From the size of the colonies, and the distension of the walls of the capillaries, the bacilli have evidently been growing in the blood for some time. Further, from the number of capillaries blocked by these colonies, and from the position of the plugs around the margin of these hemorrhages, there can, I think, be no doubt that these plugs have been the cause of the hemorrhage, acting in the same manner as any other embolus. Should the condition be found in other cases of purpura hemorrhagica, it will establish the fact that the hemorrhages, at least in this disease, are due to these bacilli, whether the relation between the organism and the affection as a whole be a causal one or not. I may caution future observers that the close arrangement of the organisms in the colonies, and the presence of spores, might lead one, at first sight, to the conclusion that the organisms in question were micrococci, but careful examination, with good lenses and correct illumination, will soon show that the bodies are bacilli.

Should Mr. Cheyne's observations be verified by others in other cases, it will be one step onward in our knowledge of this disease; although the more difficult problems will remain to be investigated as to suitability and preparation of nidus, the sources of infection, and the paths by which the infection reaches the circulation.

COPPER AS AN ANTIDOTE TO CHOLERA.—At a recent meeting of the Académie des Sciences, M. Bouley drew attention to M. Burq's assertion that those persons whose organism is thoroughly submitted to the influence of copper are as inaccessible to the attacks of cholera as those vaccinated are to smallpox. (British Medical Journal.) The following methods, according to M. Burq, are all equally efficacious, the habit of wearing copper bracelets, or bands which encircle



the waist, or materials which have been steeped in copper solution, or the administration of black oxide of copper in the form of pill. At a recent meeting of the Academy of Medicine M. Bailly furnished personal evidence which invalidated M. Burq's statement concerning the therapeutic value of copper in treating cholera. M. Bailly practices at Chambly, very near manufactories where spoons and forks are made with a copper alloy known as *alfénide*. All hands employed exhibit symptoms of the influence of copper; nevertheless, the ravages made in 1866 by an epidemic of cholera are subversive of M. Burq's hypothesis. During an epidemic of typhoid fever, fifty-six people were attacked; of these, twenty-six were impregnated with copper. Four of the twenty-six died; no other deaths were recorded. M. Bailly mentioned a fatal case of "charbon," consequent on a fly-sting; also deaths from diphtheria. All the sufferers exhibited symptoms of copper-impregnation. Summer diarrhea, also choleraic diarrhea, attacks those among the workpeople who are thoroughly impregnated.

**NITRITE OF SODIUM IN THE TREATMENT OF ANGINA PECTORIS.**—Dr. Mathew Hay, in the *Practitioner*, has recently made careful clinical trials of this salt in well-marked cases of angina pectoris. In one case nitrite of amyl was inhaled from three minim capsules, six or seven times a day for about a week, with good results. The nitrite did not entirely dispel the pain, it merely dulled it, and was always accompanied by giddiness, which compelled the patient to remain quiet for a minute or two, and it was followed by a headache and disagreeable feeling, which lasted one or two hours.

R Sodii nitritis, . . . . .  $\frac{3}{ss}$ ;  
Aquæ, . . . . . ad fl.  $\frac{3}{xli}$ .  
Solve. Sig. Dose, one to two teaspoonfuls.

After a week the patient reported that he took one dose in the morning; this enabled him to get up, dress, breakfast, and walk to his office without experiencing the slightest pain, and without requiring more of the nitrite until after dinner; then it was taken only when he felt the pain coming on, and if he took it promptly it caused complete cessation of the pain in from one to two minutes. Nitrite of amyl had never completely abolished the pain. The nitrite of sodium caused no perceptible throbbing in any part of the body, and certainly no headache; apart from the effect on the pain it seemed to have no more action than so much water.

In addition to the morning and noon doses he took one before going home at night, and at bed-time, as well as during the night if the pain came on. After three weeks it was found that whenever the nitrite of sodium was omitted he was liable to attacks of pain. If he took no medicine in the morning he never failed to have an attack of pain when he began to dress himself, and another on his way to work.

It was found by comparison that the preventive action of the nitrite of sodium is exercised over a much longer period of time than that of nitrite of amyl, and that nitrite of sodium acts in two or three minutes, or more slowly than the nitrite of amyl.

Instead of the nitrite of sodium one or two teaspoonfuls of a one-per-cent solution of nitro-glycerine was tried; its action was found to be similar to, though better than the nitrite of amyl, but its effect did not continue as long as the nitrite of sodium.

Dr. Hay anticipates a wide and important application in various forms of disease of the simple and more safely administrable nitrites.

**DANGER OF GLAZED EARTHENWARE VESSELS.**—M. Pérusson, of Limoges, furnishes fresh evidence of the danger of using glazed earthenware vessels, as the glaze frequently contains lead oxide, which becomes soluble in the presence of acids. M. Pérusson cites the following instance. One hundred grams of fresh milk was left to ferment in a glazed receptacle, and twenty-two centigrams of lead sulphate was removed from it. When the glaze becomes rugged, the interstices are filled with metallic and fermenting substances; thus the danger is increased. Such utensils should either not be used, or else submitted to the influence of the direct contact of flame, or, in other words, singed. This is the only method of rendering them harmless.

**THE DURATION OF PREGNANCY.**—A. F. C., in the *American Journal of Obstetrics*, quotes and comments upon the opinions of J. Veit (*Zeitsch. f. Geb. u. Gyn.*), as follows: Two hundred and eighty days have been commonly accepted as the average duration of pregnancy, by which term is intended the interval between the last menstruation and the delivery of the fetus. It is desirable to be able to fix upon the day when pregnancy is established, and in order to do this it is necessary to know whether the fertilized egg is a product of the last menstrual period or



of the first period which is omitted. Many statistical tables are cited, giving the average duration of pregnancy observed in different countries, and by different men. As these tables vary by as many as thirty days above and below the commonly accepted two hundred and eighty days, they are not of much value. The author thinks that the explanation for the variable period of time which intervenes between the first day of the last menstruation and the birth of the fetus is to be found in the causes by which labor is established. Three questions naturally arise in studying the subject of the duration: (1) What is the relation of ovulation to menstruation, as to time? (2) How long will the spermatozoa retain vital activity? (3) Does ovulation occur only with menstruation? The last two questions are considered to have been answered in the statement that there can hardly be a doubt but that the spermatozoa will remain active from the end of one menstruation until the beginning of the next; likewise, that the labors of Bishoff have shown that ovulation usually follows menstruation. Before the establishment of the last observed menstruation, seminal fluid may be present in the genital canal, which will be the fertilizing element for the ovum which appears with menstruation. A second possible means of impregnation lies in the fact that the ovum may have been deposited upon the uterine mucous membrane at the time of menstruation, and have been fertilized after a subsequent coitus. A third possibility is that the ovum may appear before or at the beginning of menstruation, be fertilized at that time, whereupon menstruation will stop and decidua begin to form. Which of these three theories is the correct one the author is unable to say. The conclusion, on his part, is that we are not, at present, able to say whether impregnation occurs at the time of the last menstruation or at the time of the first one which is omitted. We therefore remain in the same uncertainty with which we started, and must continue to estimate the duration of pregnancy only approximately.

**TREATMENT OF ECZEMA OF THE GENITALIA, PRURITUS, AND LEUCORRHEA.**—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful:

Chlorate of potassium, . . . . . 30 grains;  
Wine of opium, . . . . . 50 grains;  
Pure water, . . . . . 1 quart.

Applied to the parts by linen compresses covered with oiled silk. If there is much inflammation, precede this with warm hip-baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhœa, a tablespoonful of a mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar-water (tar-water holding the iodine in solution) used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa two or three tablespoonfuls (in a quart of warm water, morning and evening, as an injection) of the following formula will be found useful:

Chlorate of potassium, . . . . . 13 parts;  
Wine of opium, . . . . . 10 parts;  
Tar-water, . . . . . 300 parts.

Or,

White vinegar (or wine), . . . . . 300 parts;  
Tinct. eucalyptus, . . . . . 45 parts;  
Acid, salicylic, . . . . . 1 part;  
Salicylate of sodium, . . . . . 20 parts.

One to five teaspoonfuls in a quart of warm water, as an injection, two or three times a day.—*Obstetric Gazette.*

**STRANGULATED CONGENITAL HERNIA.**—At the Société de Chirurgie M. Trélat communicated a case of congenital strangulated hernia operated on, and the patient died the following day from congestion of the lungs. It was the case of a man aged thirty, who was admitted into the hospital for strangulated hernia. (Medical Press.) Taxis, baths, and every other means were tried in vain, and M. Trélat determined to operate, although the symptoms were not of a nature to make the operation imperative. The result was as had been indicated. M. Berges remarked on the case, and said that pulmonary complications were very frequent in this accident, he considered that renewed attempts at taxis were dangerous, and in his opinion if, after the first trial, no success followed, the operation should be made without delay. M. Châmpoignière was of the same opinion, and he attributed the fatal issue to the repeated attempts at reduction. M. Desprès followed in the same line. The patient should be placed in a bath for an hour, and if the taxis did not then succeed the operation is necessary at once.

**REMARKS** on cases of multiple synovitis following injuries to joints is reported by C. Mansell-Moullin, F.R.C.S., in the British Medical Journal.



THE FORMATION OF CALLUS IN DIABETICS. For some years Mr. Verneuil has had this matter in his mind, and, observing whenever opportunity offered, has been struck by the fact that fractures do not heal well in diabetics. From his observations, he formulates the following conclusions, in the *Gaz. Hebdom.*, July 27, 1883:

1. The retardation and absence of consolidation found in the three cases seem to be due to diabetic dyscrasia.

2. This retardation and absence of consolidation necessarily imply a diminution or suppression of the reparative forces, and particularly of nutrition.

3. From these facts we may conclude that diabetes, when it embarrasses or stops the formation of callus, does so, at least indirectly, by impairing nutrition.

SCARLET FEVER is due to a micrococcus, and not a bacillus, says Dr. Fraser, of Edinburgh. It does not make much difference which parasite is the cause, says truly the Medical and Surgical Reporter, what we now cry out for is a parasiticide.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from September 15, 1883, to September 23, 1883.

*Campbell, John*, Lieutenant-Colonel and Surgeon, Medical Director Department of the South, granted leave of absence for fifteen days. (Par. 2, S.O. 94, Department of the South, September 13, 1883.) *Alexander, Chas. T.*, Major and Surgeon, on being relieved from duty at the U. S. Military Academy, October 1, 1883, to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Alexander, Chas. T.*, Major and Surgeon, granted leave of absence for four months, from October 1, 1883. (Par. 1, S.O. 213, A.G.O., September 17, 1883.) *Gibson, Joseph R.*, Major and Surgeon, relieved from duty in the Department of the East, October 1, 1883, and to report by letter to the Commanding General, Department of the South, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Horton, Samuel M.*, Major and Surgeon, relieved from duty in the Department of the Platte, October 1, 1883, and to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Meacham, Frank*, Major and Surgeon, relieved from duty in the Department of the East, October 1, 1883, and to report in person to the Commanding General, Department of the Platte, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Smith, Andrew K.*, Major and Surgeon, relieved from duty at Willet's Point, New York, October 1, 1883, and assigned to duty at U. S. Military

Academy, West Point, New York. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Taylor, Morse K.*, Major and Surgeon, relieved from duty in the Department of the East, October 1, 1883, and to report in person to the Commanding General, Department of the Missouri, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Wolverton, William D.*, Major and Surgeon, relieved from duty in the Department of Dakota, October 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Appel, Daniel M.*, Captain and Assistant Surgeon, relieved from duty in the Department of the Missouri, October 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Merrill, James C.*, Captain and Assistant Surgeon, relieved from duty in the Department of Dakota, October 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Maus, Louis M.*, Captain and Assistant Surgeon, relieved from duty in the Department of the Missouri, October 1, 1883, and to report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Munn, Curtis E.*, Captain and Assistant Surgeon, relieved from duty in the Department of the Missouri, October 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Patzki, Julius H.*, Captain and Assistant Surgeon, relieved from duty in the Department of the South, October 1, 1883, and to report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Price, Curtis E.*, Captain and Assistant Surgeon, relieved from duty in the Department of the East, October 1, 1883, and to report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Vickery, Richard S.*, Captain and Assistant Surgeon, relieved from duty in the Department of the Platte, October 1, 1883, and to report in person to the Commanding General, Department of the Columbia, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Weisel, Daniel*, Captain and Assistant Surgeon, relieved from duty in the Department of the East, October 1, 1883, and to report in person to the Commanding General, Department of the Platte, for assignment to duty. (Par. 7, S.O. 211, A.G.O., September 14, 1883.) *Appel, Aaron H.*, First Lieutenant and Assistant Surgeon, the leave of absence granted July 20, 1883, extended one month. (Par. 10, S.O. 211, A.G.O., September 14, 1883.) *Brewster, William B.*, First Lieutenant and Assistant Surgeon, granted leave of absence for two months, from October 1, 1883, with permission to apply for an extension of four months. (Par. 1, S.O. 107, Mil. Div. of the Missouri, September 15, 1883.) *Strong, Norton*, First Lieutenant and Assistant Surgeon, now on duty in the field near Fort Thornburgh, Utah, to accompany command to Fort Douglas, Utah, and there await further orders. (Par. 2, S.O. 101, Department of the Platte, September 17, 1883.)



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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SATURDAY, OCTOBER 6, 1883.

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## Original.

### EXTENSIVE COMMINUTED FRACTURE OF CALVARIUM,

With Concussion and Contusion—Recovery.

BY W. M. FUQUA, M. D.

On the 19th of July last I was called to visit Mr. D. H., aged about fifty, in consultation with Dr. Jackson, of Crofton. The patient had received a severe blow on the right side of his head, from a hoe in the hands of a strong, athletic man, the eye of the hoe and lower portion of the helve impinging upon the right parietal and posterior portion of the right lateral half of the frontal bone, crushing in a surface of not less than four square inches, the largest portion of which comprised the parietal bone, and the superior edge of the fracture extending just to the sagittal suture. When I saw him, fifty-three hours had elapsed since he had received the injury, he was in a comatose state, with but little motion or sensation, left side completely hemiplegic, pupils widely dilated, respiration, fourteen, pulse, fifty; skin cool, had nausea and vomiting, with involuntary discharge of feces and urine. To all appearances the man was doomed, yet we determined at once to relieve the brain from compression, and give him the only chance for life, which was done by a crucial incision ample in length to thoroughly expose this immense fractured surface. The comminuted bone was loosed from its attachments and carefully removed, leaving bare an interspace of more than four square inches, but happily, the dura mater was at no point pierced or cut through, but was bruised, bleeding, and blackened, and the encephalon indented. Here we had not only concussion and compression, but great contusion of brain substance, which added greatly

to the complication. After the bleeding ceased, which was copious, the wound was carefully and accurately adjusted with sutures, a light compress was applied over the wound and was held in place by bandages, all of which were kept wet with a carbolic-acid solution. After the operation the patient answered simple questions and recognized his precarious condition. Motion and sensation partially returned, and respiration and circulation were good. He was directed to take a brisk cathartic with liberal doses of bromide of potassium. I saw this patient no more; but Dr. Jackson, who was in constant attendance upon him, informs me that from the date of the operation nothing occurred out of the usual line, except an attack of acute diarrhea, which came near being fatal.

The wound speedily healed, and has given him little or no trouble, his mental and physical condition improving continuously. At this writing, August 30th, the patient is perfectly well, with the exception of slight paralysis of his left side, from which he is slowly recovering. He has had no convulsions up to this time.

*Remarks:* This case is simply worthy of record from the fact that a large artificial fontanelle had been produced, and that the patient should have recovered after so great a contusion of brain surface, which is contrary to what we should expect from experience gathered in the post-mortem rooms of great hospitals, as well as in private practice. We think it a just inference that the remaining paralysis is due to extravasation of blood within the encephalon. It is rare, indeed, that concussion alone produces death, and when death results a post-mortem reveals lesions within the encephalon hitherto unsuspected.

Without prompt relief of the compression by operative means, concussion may be prolonged, and if relief be not had at an early



hour, our patient is in great danger from organic changes of the encephalon, especially encephalitis, which may soon result in abscess; and it is especially important to establish drainage whereby the products of inflammatory action may be drawn off. The external or scalp wound should be kept patent so that the dura mater may be seen from time to time, which should be pierced if requisite, with the cerebral substance also.

HOPKINSVILLE, KY.

### THE DRY TREATMENT OF CHRONIC PURULENT INFLAMMATION OF THE MIDDLE-EAR.

BY L. S. OPPENHEIMER, M. D.

It is evidently an unsettled question, judging from the controversy between eminent otologists, which is the better treatment for chronic otorrhea, the so called "moist" or the "dry" method.

Although I am no otologist, quite a number of cases of otorrhea have fallen to my lot. I have for the past two years employed only the dry treatment, and I wish to add my testimony to the paper of Dr. Burnett (Am. Jour. of the Medical Sciences, Jan., 1883,) on this subject.

The most of my patients were children under twelve years of age, in whom the disease had existed from three to eight years. The ear trouble was traceable in nearly every instance to some eruptive disease or to simple throat disorders. In three cases both tympani were perforated. In one of these the membrane seemed entirely gone. Two had severe granulations, one of these was in an adult. The ears of seven bled at the slightest touch with absorbent cotton.

The treatment lasted from two to four weeks. In one case a slight return of the discharge was noticed one month after, and in another two months after discontinuing treatment. Two or three more applications sufficed for a permanent cure.

I first used the dry treatment of *otitis media purulenta* in 1875, while I was one of the house-physicians in the Louisville City Hospital. Salicylic acid was used by insufflation in two severe cases occurring in adults, and resulted in rapid improvement in both.

I have failed to obtain even the most carefully applied moist treatment with such quick and satisfactory results.

Although there is nothing new nor origi-

nal in the method which I follow in this treatment, it will be nothing amiss to many of the readers of the NEWS to briefly describe it.

The ear is first thoroughly cleansed by means of a syringe and warm water; it is then carefully dried and the powder insufflated, or applied on a piece of cotton through the speculum, the cotton being allowed to remain for twenty-four hours. The cotton absorbs the fluids and prevents them from again irritating the external ear. The powder may be insufflated through a goose-quill, care being taken to apply it to all parts of the cavity. The above is repeated daily for a few days, then on alternate days, then once a week for a week or two. The syringe is not required after the first two or three days.

I have never been annoyed by the powders leaving any troublesome irritating mass behind, which sometimes occurs, according to Dr. St. John Roosa. (New York Medical Journal, May, 1883.)

Why such an eminent otologist as Dr. Roosa should find so many more advantages in the moist than in the dry treatment is explainable by his superior skill and experience in this one direction. My own experience, limited though it be, has decided me positively in the use of the dry methods.

Dr. Burnett has most ably given the reasons for such preference in the paper referred to above.

The agents which I employ in nearly all cases are iodoform and salicylic acid, the latter being applied daily whenever granulations exist, a few days after iodoform is substituted. It is of importance that absorbent cotton be inserted after each application, and removed the following day. It is also a good practice to use the Politzer air-bag once or twice a week during the treatment, as it helps to dislodge inspissated pus, tenacious mucus, etc.

In brief, then, thorough cleansing before each application, insufflation of dry powders, and keeping the parts as dry as possible between the periods of treatment, will, I think, cure nearly if not quite all of these cases in a much shorter time than any other kind of treatment.

SEYMOUR, IND.

ANGLO-SWISS MILK FOOD is another boon to the babies. It is largely used in the infant asylums in America and abroad, and seems to be rapidly growing in favor.



## Miscellany.

CHILD-ACROBATS.—The police court has lately made public several instances of revolting cruelty suffered by little children in the course of their training for performance as acrobats. (The British Medical Journal.) It appears that, in the present stage of our civilization, the supply of acrobats is a steady public demand, and that many British children of very tender years are regularly devoted to the acrobatic business, to be systematically trained, while their limbs and joints are yielding, by a long process of painful exercises enforced by punishment and privation, for the gratification of a debased public taste by their performances as "human serpents," tumblers, and contortionists. Mr. Charles Mylne Barker, who acted as honorary solicitor in the proceedings taken some time ago by Mr. Littler, Q.C., and his friends, regarding a number of young English children found living in slavery, or *quasi-slavery*, at Constantinople, writes to the Times to express his disappointment that a short act of Parliament has not been passed during the recent session, making it illegal for any infant child of twelve years of age or under to be apprenticed to any trade or business without the consent of a magistrate. Mr. Barker states that, with the assistance of the authorities of the Criminal Investigation Department, he had made several inquiries as to the manner in which infant children being trained as acrobats were treated when out of the jurisdiction of English courts; and it was found that in many instances the treatment was harsh in the extreme, especially when the children did not take kindly to their calling; and it was believed that a child was actually killed in Spain, its back having been broken by the cruel treatment to which it was subjected. Mr. Barker thinks that some philanthropic member of Parliament, at a time when so much public sympathy is expended on the sufferings of pigeons, might have carried through a short bill such as he has indicated.

THE MALTINE of the Maltine Manufacturing Company is truly a great remedy. Plain and in its various combinations its uses have a wide range. The words phthisis and consumption, though commonly applied to tubercular troubles, are just as applicable to wasting, consuming processes, which the terms signify, from other causes, and Maltine's eminent power manifests itself

conspicuously wherever a constructive is needed. It is powerfully curative in pulmonary consumption and in all scrofulous affections.

THE FOLLOWING MARVELOUS CASE is reported by Professor Rosenstein (Phy. and Surg.; The Weekly Medical Review): A nine-year-old boy, for five weeks, had been seized every now and then with peculiar convulsions accompanied by loss of consciousness. The convulsions would terminate with the passage of fecal masses from the mouth. In the intervals the boy would seem quite well. The pieces of feces were usually from 1.7 to three centimeters long. In one instance, however, a piece eighteen centimeters long was taken from the mouth. A clyster colored with alcanum was given, and subsequently the feces passed from both mouth and rectum were colored dark blue. Generally the fecal vomiting occurred at the close of one of the convulsive attacks. Sometimes there would be a stool simultaneously with the vomiting. Under the use of large doses of potassium bromide the attacks became less and less frequent. Prof. Rosenstein thinks that under the influence of a neurosis, resembling tetanus, there would be, during these seizures, a spasmodic stricture of the intestine, and from this stricture there would pass down and up, through the walls of the alimentary canal, a peristaltic and an antiperistaltic wave.

THE following drugs, prepared by Parke, Davis & Co., an establishment every where known and respected, are highly spoken of by the physicians here and elsewhere who have employed them:

*Euphorbia Pilulifera* in asthma.

*Convallaria Majalis* (*Lily of the Valley*) in heart affections, as a substitute for digitalis, has occupied a large share in the medical literature of Europe and America for some time, and the general verdict is that it is a valuable medicine.

*Chaulmoogra Oil*.—Where cod-liver oil has failed, or where its offensiveness debar its use, in chronic skin and other diseases this oil is highly spoken of as an external and internal remedy.

*Quebracho* (*Aspidosperma Quebracho*), in pneumonia and other affections attended by dyspnea, is said to produce great benefit.

*Ol. Pongamie Glabra* in India has gained great reputation in the scaly skin diseases, locally applied.



*Ol. Eucalypti* has been added to the U. S. Pharmacopeia, and as an antiseptic and in bronchitis by inhalation has attracted much attention.

*Convallamarin* acts similarly to digitalin, and seems likely to prove a useful agent in cardiac derangements.

The *Fluid Extract of Ergot* prepared by this firm is a perfect preparation. We have never found cause to complain of it.

RECOVERY AFTER THE PASSAGE OF A RAMROD THROUGH THE BRAIN.—Dr. G. Fisher reports an instance of recovery after severe injury to the brain, which recalls the well-known case of Dr. Harlow, of Vermont, in which a tamping-iron was forced through the head by a premature explosion. (*Centralbl. für Klin. Med.*) In this case, an iron ramrod was discharged during the loading of a gun. It entered the back to the right of the fourth dorsal vertebra, passed upward along the ribs, and through the muscles of the neck, and forced a passage through the skull and the brain, projecting out nearly twelve inches from the left side of the head. An incision was made in the neck, and the ramrod was forced back by a hammer and extracted through the wound thus made. The patient recovered, but lost the sight in the right eye. A ramrod being propelled in the same direction through a dead body, it was found that in its course through the neck no important nerves or vessels were injured. The instrument passed through the right optic foramen, tore the optic nerve; and passed through the fissure between the frontal lobes. The destruction of brain-substance in this region was only a little over an inch in extent, and was confined to the anterior portion of the left frontal convolution. According to our present knowledge, such an injury should cause no motor or sensory disturbances. The author apprehended the appearance in time of insanity as the result of the accident.—*The Medical Record*.

LACTOPEPTINE.—This substance the dyspeptic should never be without. As an assistant to feeble digestion, and as a corrective when too much food or some indigestible article of diet has been taken, it is invaluable. This remedy is prepared by the New York Pharmaceutical Association.

LOCOMOTOR ATAXIA AND SYPHILIS.—So much has been said from time to time as to the causative relation between syphilis and

locomotor ataxia, that it is well to look at the views entertained on the subject. (Med. and Surg. Rep.) There are many who hold that syphilis is a very common cause of locomotor ataxia. We now learn that French opinion is divided on the subject; in Germany the weight of opinion is in favor of a relationship, and in England the same view is gaining ground.

TAFEL BROTHERS are unsurpassed in skill and faithfulness in all matters pertaining to their trade. It is unnecessary to send abroad for instruments or any of the appliances of the surgeon or physician or obstetrician, when we have such artisans at home. Politeness, promptness, and skill are their characteristics.

RISE OF BODILY TEMPERATURE AFTER SIMPLE FRACTURES.—Dr. Grundler has been making a series of thermometric observations in patients suffering from uncomplicated fractures, and found, in every case but one of those examined, a rise of from 2° to 4° F. above the normal. The degree of fever is in proportion to the size of the broken bone, and to the degree of extravasation. The highest temperature observed (102.5°) was in a case of fractured femur, and the lowest (100.5°) in fracture of the forearm. The rise began on the evening of the first day, and reached its highest point on the evening of the second to the fourth day.—*Centralblatt für Chirurgie*.

VIDAL regards capsicum as the best remedy in piles. He prescribes three or four three-grain pills daily, half at breakfast-time and half at supper-time. Under its influence congestion and all the painful symptoms which accompany it are said to disappear rapidly.

THE CINCINNATI SANITARIUM, a private hospital for the insane, at College Hill, O., has been in successful operation for ten years. Its learned superintendent, Dr. Orpheus Evarts, secures to his patients every comfort and all things conducive to their cure. Victims of opium and alcohol are treated at this institution. We recommend Dr. Evarts and his Sanitarium to our readers.

DEATH OF LOUISE LATEAU.—The death is announced of Louise Lateau, the Belgian stigmatisée, of Bois d'Haine. She was thirty-three years and seven months of age at the



time of her death. Her case excited considerable interest at one time; she was subjected to numerous medical investigations. Virchow, it is said, was asked to see her, but was unable to do so. On every Friday, it was said, she fell into a state of ecstasy, and blood flowed from the stigmata in her hands and feet.—*Medical Record*.

THE NEWCOMB-BUCHANAN CO.'s whisky is purity itself. If you wish to "give wine to him that is of a heavy heart," or "strong drink to him that is ready to perish," or would "take a little wine for thy stomach's sake and for thine oft infirmities," take this whisky.

DEATH FROM PASSION.—Cases in which death results from the physical excitement consequent on mental passion are not uncommon. A recent instance has recalled attention to the matter. (*Lancet*.) Unfortunately those persons who are prone to sudden and overwhelming outbursts of ill-temper do not, as a rule, recognize their propensity or realize the perils to which it exposes them; while the stupid idea that such deaths as occur in passion, and which are directly caused by it, ought to be ascribed to "the visitation of God," tends to divert attention from the common-sense lesson which such deaths should teach. It is most unwise to allow the mind to excite the brain and body to such an extent as to endanger life itself. We do not sufficiently appreciate the need and value of mental discipline as a corrective of bad habits and a preventive of disturbances by which happiness and life itself are too often jeopardized.

PROLONGED SUSPENSION OF VITALITY FOLLOWING THE HYPODERMIC INJECTION OF MORPHIA AND ATROPIA.—Dr. Alexander reports the case of a woman, thirty-seven years of age, upon whom an operation had been performed for the removal of the left ovary. At noon, four days after the operation, she became very excited, and disturbed the dressings of the wound, so twelve minims of the hospital solution of morphia and atropine were injected. This represented three fifths of a grain of morphia and one fortieth of a grain of atropine. At one o'clock she became livid, and a nurse injected another five minims of the solution before the house-surgeon arrived. When he came he injected ammonia, gave brandy enemata, used artificial respiration, and applied electricity without effect. At 4 P.M. the nurse was laying

the woman out, but Dr. Alexander came in and determined to proceed with artificial respiration, galvanism, and frictions. Up to 5.30 P.M. only a spasmodic breath every quarter of an hour, and a feeble beat of the pulse every now and then could be detected. At 7 P.M. a nurse poured some coffee into the patient's mouth, and she suddenly fell back as if dead, but by turning her over on her side she was made to vomit. By nine o'clock the respirations were beginning to be more frequent and the pulse stronger; she soon became conscious after this, and recovered perfectly.—*Boston Medical and Surgical Journal*.

AT ARTHUR PETER & Co.'s great drug house every remedy and instrument applied to the cure of disease may be procured, of the best quality, on the most reasonable terms. This firm is agent for Parke, Davis & Co.'s preparations.

FETID FEET.—M. Vieusse says that excessive sweating of the feet, accompanied by pain and fetidity, can be quickly cured by frictions carefully conducted with the sub-nitrate of bismuth. In the *Gaz. Hebd.*, July 27th, he states that he has never seen any bad results follow the suppression of the sweating.—*Med. and Surg. Rep.*

CRANIAL CAPACITY OF THE INSANE.—Dr. Amadei (*Riv. Sper. di Fren. e di Med. Leg.*) has examined four hundred and seventy-five skulls of persons who died insane. The result of his investigations is that the cubic capacity of the cranium is greater in the insane than in the sane.—*Medical and Surgical Reporter*.

TO DISGUISE THE TASTE OF MEDICINES.—Bitter and nauseous salines are best taken simply diluted with iced water. A mouthful or two of iced water, before and after the dose, to blunt the sense of taste, the dose taken between them in a wineglassful of iced water, renders such medication easy to most persons.—*Squibb's Ephemeris*.

IN HER ONE HUNDRED AND TWENTY-THIRD YEAR.—The Paris *Temps* asserts that there is a woman, Marie Durand, living in Auberire-en-Royans, in the department of the Isère, who was born March 18, 1761, and is consequently in her one hundred and twenty-third year. She was married December, 1783, and has been a widow for ninety-six years.



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H. A. COTTELL, M.D., - - - - - }

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## A NOVEL METHOD OF BLEEDING.

Under this heading the British Medical Journal of September 15th notes the relief of a case of cerebral congestion through blood-letting by means of a most clever device. The patient, a fat, plethoric lady, fifty years of age, came under the charge of Charles Coppinger, F.R.C.S.I., and at the time of the surgeon's visit was in a condition of stupor, out of which she could be roused with some effort, but only to relapse into sleep again. Her breathing was heavy, and she presented all the symptoms characteristic of an overloaded vascular system. The indications for treatment were plain, and, leeches not being obtainable, depletion by means of venesection was proposed. The friends of the patient, who were ladies, gave their consent, but were horrified at the suggestion of so barbarous a proceeding, and Mr. Coppinger, anxious to spare them the sight of blood, then and there conceived the idea of substituting the aspirator for the lancet. The patient, who had not long before been treated for hemicrania by hypodermic injections of morphia, was roused up and told that the needle was about to be "inserted into the skin of her neck, to which she at once consented." The needle of the aspirator was then passed into the

external jugular vein, which was much distended, and four ounces of blood were withdrawn without difficulty.

The result of this trial being satisfactory, the surgeon repeated the operation in the course of a half hour, abstracting six ounces more of blood. The patient was speedily relieved of her alarming symptoms, and neither she nor her attendants suspected that she had been bled, until the procedure was subsequently explained to them.

Standing as he does upon the eve of a revival of the time-honored and much-abused practice of blood-letting, the physician will thank Mr. Coppinger for this happy thought, since it reduces to decency and order a formerly unsightly therapeutic measure.

The advantages to be gained by this device are numerous and important, among which may be noted, the easy and almost painless introduction of the needle, the certainty of obtaining the desired amount of blood when the *vis a tergo* is inadequate to the emptying of the vein, and the avoidance of accidents, only too frequent in the days of popular venesection, such as the opening of subjacent arteries, the clipping of neighboring nerves, and the entrance of air into the circulation. These, with its applicability to almost any case in which the lancet might otherwise be required, are large counts in its favor, and we are confident that Mr. Coppinger's experiment will greatly facilitate the re-introduction of a too long neglected means for successfully dealing with many serious pathological conditions.

Bleeding the patient into his own vessels (*a la* Fothergill) and the local abstraction of blood will doubtless continue their good uses and admit of a wide range of application in the treatment of disease; but, if we read the times aright, the aspirator is the only substitute for the lancet which is likely to hold its own in the practice of the future.

THE Association of German Physicians and Naturalists held its fifty-sixth annual session at Freiburg, in September.



## Bibliography.

**A Compend of Chemistry.** By G. MASON WARD, M. D., Demonstrator of Chemistry in Jefferson Medical College. With Table of Elements. Philadelphia: P. Blakiston, Son & Co. 1883.

**A Compend on Materia Medica and Therapeutics,** with especial reference to the Physiological Action of Drugs. For the use of Medical, Dental, and Pharmaceutical Students and Practitioners. Based on the sixth revision of the U. S. Pharmacopeia, and including many unofficial remedies. By SAMUEL O. L. POTTER, M. A., M. D., Acting Assistant Surgeon, U. S. A., author of "An Index on Comparative Therapeutics," etc. Philadelphia: P. Blakiston, Son & Co. 1883.

**A Compend of Surgery.** For Students and Physicians. By ORVILLE HORWITZ, B. S., M. D. With fifty illustrations. Philadelphia: P. Blakiston, Son & Co. 1883.

These three compends are but parts of a series of nine works embracing, besides the subjects above named, Anatomy, Physiology, Practice (parts 1 and 2), Obstetrics, and Visceral Anatomy. Price, \$1.00 per volume.

Though belonging to a class of literature by no means popular with the advocates of thoroughgoing means and a full allotment of time for the making of doctors, we are not sure that they may not be considered as a necessity of the times, and a natural outgrowth of our present system of medical education. Their value, when carefully prepared, to the advanced student and the practitioner, in refreshing the memory upon points already systematically studied, can not be denied, and to all such we recommend the three volumes which we have seen as unusually good specimens of this kind of medical literature.

**A Pocket Book of Physical Diagnosis** of the Diseases of the Heart and Lungs. For the Student and Physician. By Dr. EDWARD T. BRUEN, Demonstrator of Clinical Medicine in the University of Pennsylvania and Assistant Physician to University Hospital, etc., Second edition, revised, with additional illustrations. Philadelphia: P. Blakiston, Son & Co. 1883.

Not more than a year ago this work was fresh from the press, and though not above criticism in minor particulars, it attained a popularity which soon exhausted the first edition. We are glad to note that the second edition has been prepared with more care, receiving such additional cuts as were necessary to a proper illustration of the more im-

portant conditions described, and a careful revision of the text. The work fully deserves the favor which it has received from the profession.

The practitioner who makes it the companion of his rides will find in it a ready help in solving many a difficult problem of diagnosis. It is true that the more elaborate treatises on this subject contain all and very much more than may be found in Dr. Bruen's book; but these works are too large to serve as pocket manuals, and for this reason are often out of reach when, to say the least, it would be convenient to have them at hand. The usefulness of this work will be fully attested by many a country practitioner, who, driving all day long, and often all night too, on his professional rounds, and finding little or no time for reading, can gain many a valuable practical point from it with no little addition of comfort as he pursues his solitary way.

**Training-Schools for Nurses,** with Notes on Twenty-two Schools. By W. G. THOMPSON, M. D. New York: G. P. Putnam's Sons. 1883.

This is a most interesting monograph, in which the past history of the trained nursing system, its present status, the schools which foster and encourage it, the blessings conferred by it upon the sick, and the benefits derived from it by a class of estimable women who follow the calling, receive full justice at the author's hands.

Any doctor, who is at all interested in eliminating from the sick room that meddlesome old ignoramus traditionally called "the nurse," and in substituting for her a woman trained in the management of the sick, who may be expected to religiously carry out his orders, will find this book to his taste.

**The Roller Bandage.** By WILLIAM BARTON HOPKINS, M. D., Surgeon to the Out Departments of Pennsylvania, Episcopal, and University Hospitals, Assistant Demonstrator of Surgery in the University of Pennsylvania, etc. With seventy-three illustrations. Philadelphia: J. B. Lippincott & Co. 1883.

This is a very clear and satisfactory treatise on the subject of bandaging. The text is framed without waste of words, and the illustrations are excellent. As a text-book for the student and a guide to the practitioner in a most important department of professional work, it is destined to do good service.



**The Essentials of Pathology.** By D. TOD GILLIAM, M. D., Professor of Physiology, Starling Medical College, formerly Professor of General Pathology, Columbus Medical College. Philadelphia: P. Blakiston, Son & Co. 1883.

This unpretentious little book embodies a clever attempt to popularize the study of systematic pathology; and in view of the difficulties attending the investigation of this subject, and consequent temptation to the student of medicine and practitioner alike to slight it, this effort of Dr. Gilliam is especially praiseworthy. It can not of course take the place of any of the more elaborate treatises devoted to pathology; but the student will find in it enough said upon each subject to give him a fair understanding of its rudiments and to stimulate in him a desire for the further investigation of it. We heartily recommend the work to our readers and students.

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## Selections.

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WOOD-WOOL, A NEW SURGICAL DRESSING.  
Excerpt from the Medical Press:

In Germany the reign of carbolic acid is over, and corrosive sublimate, or sublimate as it is there called, reigns in its stead. Many substances impregnated with sublimate, such as glass-wool, ashes, sand, etc., have been employed as attempts at permanent dressings with greater or less success. Something has still been wanting, something that will absorb a large quantity of discharges, and at the same time remain aseptic. Professor Bruns' (Tübingen) wood-wool (*holzwolla*) is finely ground wood, such as is used in the manufacture of paper. It is clean looking, delicate fibered, soft, yellowish-white, having an odor of fresh wood, and absorbs immensely.

The wood-wool possessing the highest absorbent properties is obtained from the *Pinus picea*. It is passed through a sieve, dried and impregnated with a solution of half per cent of sublimate and ten per cent of glycerine. It is extraordinarily cheap. It is exceedingly elastic even in thin layers, so that bandages can be put on more lightly with this than with any other dressing. It takes up twelve times its weight of water.

Dr. Bruns claims that high absorbent qualities in surgical dressings are of vast importance, "as primary wound healing takes place the more readily the more completely the discharges are conducted from the wound—the dryer the wound and its

vicinity are kept—as it is under these circumstances that decomposition processes are most securely excluded. If the dressing has absorbed the secretions of the first few days, the evaporation and drying up of the contained moisture should be permitted; then, as the discharge from the wound diminishes, the dressing, now dry, can remain a considerable time as a permanent one. With this object in view, it is indispensable to omit the occlusive layer of the typical Listerian dressing, as the drying of the dressing is prevented by it. With the same object in view I prefer the covering of the wound with glass-wool in place of the protective, as under this the suture line is of necessity kept moist."

In his own clinic the mode of dressing is exceedingly simple. After the wound has been disinfected by copious irrigation with a one-per-cent (.1 per cent?) solution of sublimate, and the drainage-tubes have been placed in, the suture line is covered with a layer of glass-wool. Upon this is placed a sufficient quantity of wood-wool either simply wrapped in sublimate gauze or sewn up in the form of a pillow. The latter form is preferred for hospital use. He considers it best then, first to place on the wound a small pillow, then a larger one that will widely overlap this in all directions. These are to be fastened on with a firm binder. He summarizes the results obtained by him with this dressing between the dates November 1, 1882, to March 15, 1883: One hundred and eighty considerable operations and wounds were treated with sublimate antiseptics, the majority with wood-wool. In the case of those treated with wood-wool the first dressing, with few exceptions, remained from one to four weeks untouched. Occasionally patches of moisture were visible on the dressing on the earlier days, but within a short time these became dry and remained so, and when the dressings were changed the wounds without exception were absolutely dry and free from irritation. With the exception of one case of erysipelas no complication was observed throughout.

THE GROWTH OF THE HEART. — The *Hamburger Nachrichten* has recorded the observations made on the above subject by the late Dr. Benecke, of Marburg. According to these investigations the greatest and most rapid growth of the heart takes place during the first and second years of human life. (Lancet.) By the end of the second



year its bulk is said to be exactly double what it originally was. Between the second and seventh year it is again almost doubled. A slower rate of growth now sets in until about the fifteenth year, the augmentation of volume during the intervening seven or eight years being only about two thirds. In the period of maturity which now approaches the growth of the heart again makes progress, the increase keeping pace with the advance towards maturity of the other portions of the system. Thus, as compared with its size at the age of fifteen, two thirds have been added by the age of twenty. After the twentieth year the rate of development again becomes slower, but an increase in volume is perceptible up to the fiftieth year. The annual gain in bulk during that period is supposed to be about .061 of a cubic inch, and the maximum volume thus attained is estimated at from sixteen to seventeen cubic inches. Growth ceases after the fiftieth year is passed, and a slight diminution in the size of the heart ensues. This is regarded as a part of the general effects of approaching old age. As to the comparative size of the heart in males and females, it is stated that in childhood there is no difference of any note. When maturity sets in the male heart develops more than that of the female, and the difference of one and a half to two cubic inches thus established is said to be maintained throughout the remainder of life.

**IRON AND ARSENIC IN ANEMIA AND CHLOROSIS.**—A paper in the *Practitioner* (July and August, 1883), by Dr. Willcocks, presents an interesting clinical and pathological study of the blood in these diseases, illustrated by a large number of cases. He is led to the following among other conclusions:

In severe anemia either the power of corpuscle formation is almost entirely abolished or young corpuscles, if formed, have little or no power to absorb hemoglobin, and consequently do not reach their full development. The comparatively large size which the hematoblasts attain without the absorption of any appreciable quantity of coloring matter would go far to show that the embryonic corpuscles are more or less abortive. Iron in these cases is useless beyond a certain point, the existing corpuscles being already overcharged with hemoglobin. These facts forcibly bear out the hypothesis enunciated at an earlier page as to the probable hematinic action of iron, namely, that

it possesses no power of directly stimulating the formation of new corpuscles by any influence on the cytogenic organs, but that it improves the hemoglobin richness of already existing corpuscles, which are added to the blood by the normal processes, and consequently by improving their physiological value and vitality it indirectly increases their number. Therefore, in cases like those under consideration, where the natural power of sanguification is greatly reduced or almost abolished, iron has little or no beneficial effect, since either very few new forms are produced, or even if they are added to the blood they have little or no capacity to absorb hemoglobin and to develop into adult corpuscles.

Chlorosis is in striking contrast to the most severe forms of anemia both as regards its blood lesion and its response to iron treatment. In chlorosis the supply of young, feebly-colored corpuscles is abundant, and the number of red disks per cubic millimeter may fall in many cases but slightly below normal. The average hemoglobin richness per corpuscle is greatly reduced, and the curative effect of iron is very rapid. A low average hemoglobin value per corpuscle is not, however, peculiar to chlorosis, but is present in the large majority of anemic cases from all causes. It indicates that feebly colored or young elements are being continually added to the blood, or, in other words, that the normal process of globule regeneration is active, the numerical rise preceding the rise in the physiological value of the elements. It is in these cases that iron is indicated. Arsenic was given in two cases of chlorosis, but it had no influence either in preventing relapse on the cessation of iron or in improving the number or value of the red corpuscles (case I and case IV). On the other hand, in the most intense forms of anemia, with great diminution in the number of the corpuscles, and a high relative hemoglobin value, iron is practically useless, or even harmful, while arsenic, as we see in the case of Caroline F., may produce a considerable rise in the number of the corpuscles, as well as great improvement in the general symptoms.—*Boston Med. and Surg. Journal*.

**NEW TEST FOR ALBUMEN IN URINE.**—Arthur R. Haslam writes to the *Chemical News* as follows: While recently engaged in some experiments, I had occasion to add a solution of chloride of iron to a diluted so-



lution of albumen into which, some time previously, a small quantity of chloride of sodium had been thrown. The result was the formation of a dense opaque white precipitate. This precipitate, when well washed and dried, still contained iron, from which circumstance I should suppose it to be a compound of albumen and iron. I have experimented on this reaction as a test for albumen, especially for that form which it assumes in urine, and it appears certain in its results, and has some advantages in its favor over the old nitric-acid test, being much more delicate. After a series of experiments, I have adopted the following method of using the test: A portion of the urine supposed to contain albumen is poured into a test-tube, and a few drops of a solution of chloride of sodium added and well mixed; then a solution of chloride of iron is carefully poured down the tube, forming a layer. If the appearance of a whitish cone be noticed, albumen is present. If phosphates are present in the urine, care must be taken to add (before using the test) sufficient acetic acid to make the urine acid.

—*Canada Lancet.*

[It is important in this connection to ask whether Mr. Haslam used the muriated tincture of iron, or an aqueous solution, since the alcohol present in the former would throw down a precipitate in almost any specimen of urine whether albumen was present or not. Chloride of sodium in saturated solution, slightly acidulated with muriatic acid, is in itself an excellent test for albumen.]

CHLOROFORM DURING LABOR.—Thos. D. Savill, M.D. (*British Medical Journal*), believes that, with the following precautions, the use of chloroform in labor is perfectly justifiable.

1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fiber—weak anemic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong, healthy primiparæ, whose pelvis and genital build approximate the masculine type.

2. We should not give it when labor is complicated with severe vomiting, or with acute disease of the heart or lung, unless there be imperative call for it.

3. It should not be given to the full ex-

tent, except for operation, convulsions, or spasm of the cervix, and then it is necessary that one person should devote his entire attention to it.

4. The inhalation should be stopped as soon as we find the pulse becoming very weak, or the respiration irregular.

5. Any symptom suggesting a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy) but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain; but a fatty heart may be suspected when there is a very feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnea, vertigo and syncope in the absence of anemia or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by an increased area of precordial dullness, combined epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position and does not shift with respiration, or when there is depression instead of protrusion of the intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse.

6. In all cases we should take extra care to prevent the occurrence of hemorrhage after birth, by giving a full dose of ergot in a little warm water when the head reaches the perineum, by stopping the chloroform the instant it is born, and by rousing the patient from her lethargy as soon as possible.

POST-MORTEM DIFFUSION OF ARSENIC FROM STOMACH AND RECTUM.—There has always been a difference of opinion among experts as to whether arsenic, thrown into the rectum and stomach after death, as by an undertaker as a preservative, would so diffuse itself as to be found in all the tissues the same as though the arsenic had been administered during life. At a recent trial in Michigan, six experts were equally divided on this question, including one well-known chemist on each side. To settle the matter, a series of experiments were undertaken by Dr. Vaughan and Mr. Dawson, which are report-



ed in the Jour. Am. Med. As. The experiments were made on a musk-rat, a cat, and a human cadaver. As the two former amply sustain the results obtained in the latter, we will not refer to them. An unweighed quantity of arsenious oxide was suspended in water and injected, with a common bulb-syringe, into the mouth and rectum of the cadaver, which was then laid away in a dry cellar for twenty-five days. At that time various parts were removed and tested, with the following results, expressed in per cent by weight of  $\text{As}_2\text{O}_3$ : Left kidney, .00782; liver, .00961; lower lobe of right lung, .04376; heart, .00594; transverse colon, .03128; rectum 7.5000; spleen, .00947; stomach, .70405; brain, .00030. From these experiments it appears that arsenic, when thus injected post-mortem, will become as widely diffused throughout the body as when administered during life. If, therefore, in a case of suspected poisoning, arsenic has been used as an embalming fluid, all chemical results will be nugatory. As a part of these experiments were made under the direct supervision of Prof. Kedzie, of the Michigan Agricultural College, they may be accepted as conclusive.

THE RELATIONS BETWEEN GLYCOSURIA AND DIABETES AND THE DIFFERENT FORMS OF MALARIAL FEVER.—The London Med. Record, July 15, 1883, says that Dr. E. Calmette records his observations made in the malarial district around Tunis. These relate, (1) To forty-one cases of remittent or intermittent fever, in five of which there was a transitory presence of sugar in the urine; (2) to fifty-five cases with jaundice and subconjunctival extravasation of blood. In several of these a transitory albuminuria was seen, but no sugar in the urine. The patients of both categories, several months afterward, passed urine without either sugar or albumen, but with a considerable quantity of phosphates and oxalate of lime. Among the natives diabetes is very frequently met with in those who had suffered from malarial fevers. The same is not observed among the population in towns, a circumstance which M. Calmette attributes to a relation between malaria and oxaluria, the separation of sugar or oxalic acid depending upon a disturbance of the glycogenic function of the liver.

A CASE of malignant goitre is reported by Chauncy Puzey, M.R.C.S., in the British Medical Journal.

LIQUID OXYGEN AND NITROGEN.—We are slowly learning more of the liquid and solid states of the elementary and compound bodies formerly known as permanent gases. According to the latest researches oxygen, when cooled to  $136^\circ \text{C}$ . ( $213^\circ \text{F}$ .), liquefies to a colorless transparent liquid at the very moderate pressure of twenty-three atmospheres, or thereabouts. Nitrogen at the same temperature does not liquefy at a pressure of one hundred and fifty atmospheres, but yields a colorless liquid, with distinct meniscus, when the pressure is cautiously allowed to fall to a point not lower than fifty atmospheres. It is now well known that ozone, under quite moderate limits of pressure and temperature, is a liquid of intensely blue color, which gives a vapor which can only be compared in color with the brightest blue sky. In this condition ozone is a most potent body, decomposing with explosion upon slight provocation into common oxygen. Pure alcohol is a white solid at about  $130^\circ \text{C}$ . ( $202^\circ \text{F}$ .). At a very slightly higher temperature it is viscous, like oil.

ON THE NATURE OF PURPURA.—Dr. Stephen Mackenzie thus concludes his paper in the British Medical Journal, September 1st:

The cases of purpura we see may be arranged into something like order, and we would suggest the following: (1) Vascular purpura; (2) toxic purpura; (3) mechanical purpura; (4) neurotic purpura.

Under the head of vascular purpura, I would place all cases in which there is some known or supposed primary blood disorder, so that this group would include the specific blood diseases; diseases in which the blood disorder seems primary or most important, as profound anemia, leucocythemia; conditions in which some constituent or constituents of blood are wanting, as scurvy; and conditions in which some constituent is present in excess, or superadded, as bile, urinary constituents, etc.

In the category of toxic purpura (drug-purpura), I would place all cases in which the purpura arises from adventitious matters entering the system, such as phosphorus, mercury, mineral acids, salicylic acid, quinine, iodides, venom. We do not know the exact mechanism by which the purpura is brought about in this group; but it is clearly advantageous, clinically, to keep them apart, though logically they may be said to belong to the hemic group.

Under the third variety, purpura from mechanical causes, we should place those



cases of purpura arising in connection with heart disease, a feeble circulation, from varicose veins or paroxysms of coughing, as in whooping-cough, from thrombosis of venous trunks, and, probably, senile purpura.

Into the last category, purpura of nervous origin would fall, the cases in which the nervous system is primarily at fault, and thus it would include cases of tabetic purpura, purpura in connection with neuralgia, and with disease of the nervous centers, purpura urticans, and neurotic eruptions (as herpes) becoming hemorrhagic.

This arrangement is, I am aware, by no means faultless, for it might be difficult to say in which category we should place certain cases; but some arrangement is useful in investigation, in the same way as we speak of dropsy being renal, cardiac, local, or due to hypalbuminosis. With increased knowledge, no doubt, a better classification could be devised.

**MEAT.**—The value of meat as a food is due in a degree to its heat-producing properties, though in this respect it is surpassed by fatty and amyloid substances. (*Lancet*.) It is as a tissue-building material, and as an excitant of assimilative changes in the tissue, both with regard to itself and to non-nitrogenous foods, that it is most useful. It is stimulant as well as nutritive, and it therefore holds a deservedly high place in the daily dietary. Experiment has shown that three quarters of a pound of lean meat fairly represents the quantity per diem which, taken with other less nitrogenous matter, suffices to maintain a person of average size and weight in a normal state of health. Some there are who largely exceed this standard, eating freely of meat at every meal, and living all the time quiet, sedentary lives. Such carnivorous feeders sooner or later pay a penalty by suffering attacks of gout or other disorders of indulgence. But it is equally important to note that many others, especially women, healthy in all points but for their innutrition, are apt to err as far on the other side. Thus one meets with people who consume about a pound of butcher's meat in a week, or not even that. This fact has been fully brought out by Dr. Graily Hewitt, in his address to the obstetrical section at the recent meeting of the British Medical Association. He has likewise with much probability assigned this defect of diet as the chief cause of that general "weakness" which is so common among the antecedents of uterine displacement. The experience of many prac-

titioners will confirm his observation. Different causes are at work to produce this kind of underfeeding—too rigid domestic economy, theoretical prejudices, the fastidious disinclination for food which comes of a languid in-door life without sufficient bodily exercise, tight lacing perhaps, and many more. These difficulties are all more or less removable, unless, indeed, where absolute poverty forms the impediment. No effort should be spared to remove them. The advantages derived from a diet containing a fair amount of solid animal food could not be obtained from a purely vegetable or milk regimen without either unnecessarily burdening the digestive system with much surplus material, or, on the other hand, requiring such revolutionary changes as to quantity and quality of food and times of eating as would probably altogether prevent its general adoption, even were that desirable, into household management. In our opinion, such changes are not desirable, as being inadequate to secure their purpose.

**DR. JOHN WILLIAMS ON THE NATURAL HISTORY OF DYSMENORRHEA.**—(1) Dysmenorrhea should be studied first, under the least complex conditions, in single women. (2) Dysmenorrhea in single women is rarely acquired; it is almost invariably primary, viz., it appears with the menstrual function. (3) Dysmenorrhea in a few but rare cases ceases spontaneously a few years after puberty. (4) Marriage, if sterile, aggravates the disorder in many cases; it is only very seldom that it relieves the pain. (5) Child-bearing cures a large number of cases, and it is not impossible that were all puerperal complications excluded it would cure every case. (6) The proportion of sterile to fertile women subjects of primary dysmenorrhea is one to twelve. (7) Menstruation begins in women who become sufferers from primary dysmenorrhea at about the estimated average age for the appearance of the function in London. (8) Menstruation is regular in about two thirds of the cases, and irregular in about one third. (9) The menstrual fluid is profuse in about two fifths of the cases, scanty in about one half. It contains clots or shreds in about three fourths. (10) The changes which take place in the fluid in the course of dysmenorrhea are various, and can not at present be classified. (11) The uterus is imperfectly developed. It may be too short, or too small in volume, or it may be defective in both respects. The cervix may be conical,



and the os small and round, but stricture of the canal in any part of its course is infinitely rare. (12) The changes in the uterus due to dysmenorrhea are a slight hypertrophy, erosion and eversion of the mucous membrane of the cervix, and catarrh. The cavity increases but little in length, for, after years of suffering, it measures rarely more than two and a half inches in length. In the early stages the tissues of the uterus are in some cases soft; in the more advanced, hard. (13) The hypertrophy of the uterus is probably the result of periodically increased muscular action. (14) Ovaritis and perimetritis are possible consequences of dysmenorrhea. (15) The menstrual pain is the result of spasm of the uterus, excited by the separation and expulsion of shreds of decidua and clots, in an organ whose sensitiveness in the performance of its function is enhanced by inappreciable conditions of tissue dependent on imperfect development, often associated with others, such as anemia.

Dr. Williams indorses the general opinion that the separation and expulsion of membrane in typical cases have a causal relation to the pain, chiefly by exciting spasm of the uterus, which in a few cases leads to its enlargement. Ovarian pain and inflammation are rare in his experience, and when they occur probably are consequences rather than causes of dysmenorrhea. Another very noticeable point in his conclusions is the infrequency of stricture of the cervix. The cervix may be conical and the os small and round, though in some cases the os is patulous, but stricture of the canal is infinitely rare.

The most striking fact in Dr. Williams' investigations has reference to the important evidence of imperfect development of the uterus. His conclusion is expressed in No. 11 of the above series. He examined physically twenty-one of fifty cases under twenty years of age. In fifteen of these twenty-one cases the uterus was smaller than normal. Between twenty and twenty-five years there were sixty-two cases, of which forty were examined. In fourteen the uterus was of small size, in one very small; in one it was like a thick cord lying on the left side of the pelvis; in three it measured two inches only by the sound, but the body was no thicker than the cervix; in the remaining eight it was estimated by bimanual examination to be smaller than normal; and similarly, though less in the later quinquennial periods. In the later periods there is some-

times, as is said in the conclusions, a partial hypertrophy of the organ, the canal still often being of short length.

This observation of the imperfect development of the uterus is consistent with the fact that dysmenorrhea occurs more frequently in delicate and ill-exercised girls than in others. The whole drift of Dr. Williams' views is to pursue a constitutional and rational treatment of such cases rather than a mechanical one. But we content ourselves with directing this much attention to a very original and painstaking contribution toward the elucidation of a very difficult subject.—*Lancet*.

**THE TEETH OF THE FUTURE.**—In an able address, recently delivered, Mr. Spence Bate, F.R.S., has drawn attention to some remarkable features which it may be interesting and instructive to take into account. (*Lancet*.) In the teeth of the Esquimaux, the Red Indians, and the natives of Ashantee, as well as those found in the ancient barrows of England, the so-called interglobular spaces, seen so frequently in sections of modern teeth, appear not to exist; nor, indeed, are they to be detected in the dentine of the best developed structures of the modern European. Not only is the dentine getting deteriorated, but the enamel would seem likewise to be undergoing a modification, becoming too opaque. In addition to the histological changes, the external form and character of the teeth are sustaining an alteration. This seems to be in relation to an important feature in the history of their evolution. The tendency for the cranium to develop at the expense of the face and jaws is seen to occur as we ascend the scale of the vertebrated series of animals. Owing to this atrophy of the jaws, the proper space for the full play and development of the normal teeth would seem not to be available. At birth the bones are not sufficiently grown to receive the teeth in their normal arch; and, as in the human mouth the premaxillary bones are firmly united a short time after birth, it follows that the posterior part of the jaw is the only place where growth can occur. Any delay in the development and consolidation of the symphysis must have the effect of contracting the space required for the teeth at this site. In the course of vertebrate evolution there is a marked tendency for teeth to disappear. The lower vertebrates have four molars on each side in each jaw, the higher have three, while in man the number is reduced to two.



DIET IN DIABETES.—Professor Ebstein, of Göttingen, in the *Aerzlich. Vereinsblatt*, discusses at some length the subject of diet in diabetes. Cantani's method of treatment is based on the opinion that the excretion of sugar in diabetics mounts constantly in direct proportion to the quantity of food consumed, even if it be wholly composed of flesh. He promulgates this law, the patient should not eat too freely if he is to avoid excreting sugar, but at the same time he should not eat too little, lest he die of inanition. In the choice of food Cantani permits all kinds of flesh, and places no restrictions on the mode of preparation, but every particle of starch and sugar is forbidden, as well as butter, as it contains a trace of sugar of milk. In the way of fat he recommends olive-oil and all kinds of animal fats. He permits the largest possible quantities of the latter; to those who are thin, or whose digestive organs do not act normally, he recommends it pancreatized. M. Traube long ago demonstrated that diabetics actually digested the greater part of the fats consumed by them.

If the sugar does not disappear after the employment of a restricted exclusively meat diet—if loss of weight does not forbid—total abstinence from foods for periods of from twenty-four to thirty-six hours is to be enjoined, a similar fasting to be undergone eight to fourteen days afterward. The sugar then disappears. In cases in which total abstinence from food is not well borne, Cantani gives three portions of meat broth *pro die*, each prepared from four hundred grams of meat.

Ebstein himself considers the most important point in the whole therapeutics of diabetes to be the limiting as much as possible of the quantity of food consumed. The patient should, however, suffer from feelings of hunger as little as possible. Both these objects can be attained by allowing large quantities of fat—the more, the thinner and weaker the patient is. Such treatment is not contra-indicated even in diabetes occurring in obese patients, for, says the writer, "If the diabetic treatment be carried on with intelligence, even in the case of fat patients, the excretion of sugar in the urine and the obesity of the patient will be seen to disappear with simultaneous increase of capacity for labor and bodily strength." Along with fresh meat and fats of good quality, in the proportion of two to one, he gives cabbage, leguminous vegetables, coffee or tea (without milk or sugar), and at the

most an average of one hundred grams of bread daily. Potatoes, sweets, and all kinds of starchy foods are absolutely excluded. He does not exclude butter, as Cantani does, as he does not, like him, fear its carbohydrates. He further recommends lard, fat, meat broths, or the marrow of bones. He has given up the substitutes for bread; the best of them he considers to be Seegen's improved Pavy's almond bread. He lays great stress on bodily movement and muscular activity. He has obtained good results from riding, but quite as good from muscular movements, such as massage, in which exertion on the part of the patient is avoided.— *The Medical Press*.

REMOVAL OF THE GALL-BLADDER.—At a recent meeting of the German surgical congress in Berlin, Dr. Langenbeck, of Berlin, showed a woman, aged thirty-four, from whom he had removed the gall-bladder. (*The Medical Press*.) The patient had suffered from gall stone for nine months; the gall-bladder was felt as a hard, prominent, sensitive tumor. On opening the abdomen, the gall-bladder was found to be hypertrophied and adherent to the neighboring tissues, and to contain a large number of stones, some of them adherent to the walls, and threatening perforation. The viscus was emptied by a Pravaz's syringe, and then easily detached behind the cystic duct; and the patient now looked well and blooming, although she had had a floating kidney removed in 1881.

THE CONVERSION OF MALIGNANT INTO BENIGN TUMORS.—Nussbaum expresses himself thus: "It appears to me that the proper method of treatment is to cut off absolutely all the peripheral nutrient supply in order to keep proliferation in check without destruction of the tissues. The most suitable method of doing this is to draw a deep trench around the neoplasm by means of the thermo-cautery. The vessels that spring from the base of the tumor prevent its dying; they nourish it sufficiently, so that the gangrene never takes place." The thermo-cautery is superior to the ligature formerly made use of by him. "I do not doubt," he says, "that this encircling of the tumor, this cutting off of all peripheral nutriment, has a future before it for those desperate cases in which hemorrhages threaten to prove fatal, and in which the exhausted condition of the patient does not admit of amputation being considered. At any rate, the



cutting off of the peripheral blood-supply leads to such surprisingly good results that I do not hesitate to recommend a trial of it."

**TREATMENT OF SIMPLE CHANCER BY HEAT.** The Medical Press Paris correspondent writes: A member from Lyons read a communication on the treatment of simple chancre by heat. As the results of his experiments he was led to consider that the employment of an elevated temperature was an excellent means of annihilating the virus. The author recommended that a hip bath should be given between  $104^{\circ}$  and  $107^{\circ}$  and borne for several hours. He believed that this treatment would suffice to destroy the virus in twenty-four hours. In any case it was certainly the best treatment of phagedenism, and those chancres complicated with phimosis that no dressing can attain.

**PROPER MODE OF REDUCING PARTIAL FORWARD DISLOCATION OF THE STERNO-CLAVICULAR JOINTS.**—I wish to invite your attention to the particular features and treatment of a *partial* forward dislocation of the clavicle at its sternal extremity. I call it *partial*, as coinciding with the probable integrity of the costo-clavicular or rhomboid ligament, although in respect of the degree of displacement it may be fully as complete as any ordinary dislocation at this joint.

The costo-clavicular ligament is not a part of the proper articular apparatus of the sterno-clavicular joint, and yet its integrity or its rupture may very materially modify the indications in respect of the retentive means after a reduction of the dislocation. In order to reduce and retain the articular end of the clavicle in place, it is directed to carry the shoulder backward, and maintain it in that position by such an apparatus as is used for fractures of the bone. This is doubtless correct in all those cases in which the costo-clavicular ligament is torn, but I have seen two cases in which the act of carrying the shoulder backward greatly aggravated the forward displacement of the sternal end of the clavicle, and in which the dislocation could only be reduced by bringing the shoulder far forward; in other words, the clavicle moved exactly as it does in the normal mechanism of its movements—namely, as a lever of the first kind. The sternal end recedes as the shoulder comes forward, and *vice versa*. It is presumable that the fulcrum, during the execution of these normal movements, is at the costo-

clavicular ligament, and that when this is completely torn up, the leverage action is destroyed. In such a case the whole bone would have to be carried backward in order to effect the return of the sternal end from its forward displacement; but if the fulcrum remains, then the shoulder has to be brought forward in order to carry the sternal end of the clavicle back into its proper place. Certainly this was found to be necessary in the two exceptional cases to which I have alluded.

That this is a more common occurrence than is supposed, I think exceedingly probable, for some writers, notably Bryant, speak of the difficulty of keeping the articular end of the clavicle in place after reduction without forcible pressure directly applied. I think it probable that in some of these cases the difficulty would have been lessened by advancing the shoulder.—*J. L. Cabell, M.D., in Phil. Med. News.*

**SAND FOR SORES.**—A writer in the London Practitioner remarks that the application of a specially prepared sand to granulating sores has been tried for some time with success, and that it possesses the advantage, since it absorbs the discharge, of seldom requiring removal, so that healing can proceed without interruption. This sand is prepared as follows: It is first heated to a temperature capable of destroying all organic particles; it is then soaked in a solution of one part of bichloride of mercury in one thousand parts of water; after this, the mixture is placed in bottles, and can be used as required. This mode of treating ulcers is, however, not new, the sandy earth of the termite ants having, it is well known, long been used for this purpose by the natives on the west coast of Africa. But whether this termite earth possesses any antiseptic properties derived from the white ants is an interesting question not yet decided.—*Med. Gazette.*

**AMMONIACAL TRANSFORMATION OF THE URINE.**—In a recent memoir (crowned by the commission on the Prix Civale), M. Guirard passes in review the different opinions held on this subject.

According to Pasteur and Von Tieghem, this species of fermentation is due to the presence of a mushroom or fungus similar to the *torula cerevisiæ*, which may act on the urine after its expulsion, or during its stay in the bladder to which the fermenting agent is introduced during catheterization.



According to Prof. Guyon, cystitis is the unique cause of ammonuria. M. Guiard himself regards the union of the two factors, fungus and cystitis, as indispensable for the production of lasting ammonuria; cystitis prepares the soil and the microbe determines the fermentation.

Ammonuria by itself is not of grave issue—it does not act in the causation of urinary abscess, cystitis, or nephritis, nevertheless the ammoniacal condition of the urine aggravates the prognosis in urinary infiltration and favors the production of phosphatic calculi.—*Medical and Surgical Reporter*.

DEPILATORIES.—A Depilatory, known by the Turkish name Rhusma (being employed by the voluptuous beauties in the harems, where etiquette demands complete nakedness of the body with the exception of the head, from which the hair is not removed), is composed of,

Quicklime, . . . . .	50 parts;
Starch, . . . . .	30 parts;
Orpiment, . . . . .	5 parts.

This is converted into a paste with water, and spread over the hairy skin to the thickness of a sixteenth of an inch, and allowed to remain for ten minutes, when it is removed with a wet sponge. If allowed to remain too long, ugly sores are apt to follow.

CREMATION.—A new building, intended for the cremation of the dead, has been erected in the Campo Verano, in the neighborhood of Rome. It is divided into three parts—the hall, reserved for the relatives of the deceased, the furnace, and the catacombs. The increasing dread of infectious disease is expected to lead to a considerable increase in the practice of cremation in Rome.

SCIENTIFIC OBSERVERS.—We extract from the Medical News' report of the proceedings of the Medical Society of Virginia the following: Dr. Wm. Selden, of Norfolk, Va., gave the highest recommendation of chlorine water prepared according to Watson's Practice, 1st ed. He uses muriatic acid and chlorate of potash to make chlorine, and mixes one half dram to four ounces of water, giving one teaspoonful every half hour, followed by whisky toddy each time. *He had never seen a patient die who was under this treatment.* For a local application, he uses alum two drams, salicylic acid one dram, sulphur one dram, with enough glycerine to make the preparation of the consis-

tency of honey. This local and systemic medication is the general Norfolk treatment.

Dr. Wm. H. Coggeshall, of Richmond, gave Reiter's theory of diphtheria, which is that the fibrin-destroying function of the liver is not fulfilled as it should be, and hence fibrin accumulates in the blood. Dr. Reiter gives twenty grains of calomel at once, and ten grains every hour until half an ounce is taken, and *claims to cure all cases of the disease.*

MILK.—Dr. James W. Allan, physician to the city of Glasgow Fever Hospital, says that there *may* be a more suitable diet than milk for fever patients, but it has not yet been discovered.

MARRIAGE OF FIRST COUSINS.—The Society of Friends in England has just repealed the prohibition of the marriage of first cousins, which has been in force in that body for nearly two hundred years.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from September 22, 1883, to September 29, 1883.

*De Loffre, A. A.*, Captain and Assistant Surgeon, assigned to duty at Fort Niagara, N. Y. (Par. 5, S.O. 182, Dept. of the East, September 27, 1883.) *Havard, Valery*, Captain and Assistant Surgeon, assigned to temporary duty at post of San Antonio, Texas. (Par. 10, S.O. 120, Dept. of Texas, September 21, 1883.) *Reed, Walter*, Captain and Assistant Surgeon, relieved from duty at Fort Omaha, Neb., and assigned to duty as Post Surgeon, Fort Sidney, Neb. (Par. 5, S.O. 103, Dept. of the Platte, September 22, 1883.) *Shannon, W. C.*, Captain and Assistant Surgeon, assigned to duty at Fort Bridger, Wyoming. (Par. 3, S.O. 102, Dept. of the Platte, September 29, 1883.) *Appel, A. H.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort Warren, Mass. (Par. 5, S.O. 181, Dept. of the East, September 25, 1883.) *Carter, W. F.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Washington Barracks, D.C. (Par. 5, S.O. 182, Dept. of the East, September 27, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, relieved from further duty at Creedmoor, N.Y., to return to his proper station, Fort Adams, R.I. (Par. 1, S.O. 180, Dept. of the East, September 24, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, granted leave of absence for two months, with permission to apply for extension of two months. (Par. 1, S.O. 49, Mil. Div. of the Atlantic, September 25, 1883.) *Wakeman, William J.*, First Lieutenant and Assistant Surgeon, relieved from temporary duty at Fort Sidney, Neb., to rejoin his proper station at Fort D.A. Russell, Wyoming. (Par. 5, S.O. 103, Dept. of Platte, September 22, 1883.)



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, OCTOBER 13, 1883.

Original.

OBSERVATIONS IN SANDWICH ISLANDS.

BY F. H. ENDERS, M.D.

Since my last letter, of a few weeks ago, I have had an opportunity of seeing a number of cases of kakke or beriberi. The Japanese man of war Rinjio left Tokio, December 19, 1882, with a complement of three hundred and seventy-two officers and men; from thence to New Zealand; after a short stay there, proceeded to Central America, touching at Valparaiso on May 5, 1883; thence to Callao, to these islands, reaching here July 3d. While at Valparaiso the surgeon, an accomplished young Japanese, Dr. Yamamoto, discovered a case of beriberi; this was quickly succeeded by another, until sixty of the crew were on the sick-list. The day following their arrival here twenty-eight cases were admitted into the Queen's Hospital in Honolulu; on the 5th three more, on the 6th five more. In two days there were eight deaths, five more having occurred on ship-board, making thirteen out of sixty, nearly twenty-five per cent. Upon examination they were found suffering with pain resembling cramp in the posterior tibial muscles, edema of extremities, great dyspnea, quick and rapid pulse, high colored and scanty urine; bowels constipated.

Dr. Trousseau, surgeon in charge, put them on squill and digitalis, then a diet of potatoes, fresh meat, lard, and fruit. This was recommended for the crew on board, and no new cases developed, after treating with diuretics till the kidneys were acting well; they were then given iron and quinine and strychnine, allowing them all the fruit they desired. They improved rapidly, no more deaths, the balance discharged as cured and returned to duty. These cases all occurred

among the sailors, not one of the officers being affected. Dr. Trousseau believes the diet the cause, rice being the most objectionable. As I said in my last, I believed the diet to be the cause, but I am more inclined to think it is the excessively strong and greasy canned and dried fish and meats of which they eat so largely that is the cause of the sickness, and not, as Gallerdo asserts; "the out-come of infection derived from endemic centers," but of spontaneous origin from a distinct cause. These cases were all acute and of the mixed form as classified by Da Silva Lima. There are seven other cases in the hospital, Chinese patients; but these partake more of the chronic form, and are men who have not been here sufficiently long to become accustomed to the food of the natives, which is chiefly poi, but still adhere to the Chinese diet. Praeger, Hellman, and Plomb believe it to be a variety of scurvy, while Anderson and Simmons believe it to be caused by malaria, from the fact that epidemics occur on shore among others than sailors. But is it not a fact that those on shore live upon almost the same character of greasy, salt food as those at sea? Simmons says, "that rice of the better quality is badly borne by those suffering from the disease while at the same time it is the chief food of those most liable to it." "A change too from this to a coarser food, such as barley and beans, is a measure of great importance in the treatment of the disease. In what that difference consists, unless the latter articles are more laxative than rice or contain more potash, I am unable to state." This acknowledgment on the part of those who contend that the disease it is entirely malarial is yielding greatly to those who believe it is a variety of scurvy.

I send you two photographs, illustrative of the two forms of leprosy, the anesthetic and tubercular in acute stages. No. 1 is of the anesthetic type, a woman fifty years of



age. Ectropion; loss of eyebrows; bronzed skin, resembling very much the cicatrix of a burn. There is also enlargement of the thyroid gland. But I consider this simply a coincidence. Anesthesia exists over the lines of the ulnar and radial nerves of the arms and over the lower extremities from the knees downward. She is married and has three children, ranging from twenty to thirty years of age, none of these showing indications of the approach of the disease. The first symptoms appeared about eight months ago, since which time the disease has progressed to its present condition; no pain experienced, no indication of syphilis, and patient says she has never had it. No. 2 represents a girl twelve years of age, with the tubercular type. You may notice large tubercles on the cheeks and forehead, the lobes of the ears being slightly hypertrophied. These tubercles are entirely anesthetic to the extent of quite a deep incision, and to a slight extent in the extremities. This differs from the anesthetic form only by the existence of tubercles, as anesthesia exists in both forms, but to a less extent in the tuberculous.

Her family, five in number, shows no signs of the disease. She denies association with a leper. (This should be taken "*cum grano salis*," as they have no fear of contagion). Then the question arises, how did she contract the disease? Either by association or vaccination. She says she was vaccinated by a layman several years ago, and a very sore arm resulted. It was a custom at that time to allow any one to vaccinate who desired, and, too, with humanized lymph; this, I am glad to say, is now interdicted, and a professional man with bovine virus are substituted. This subject is of an age where great good would result from the use of nitrate of silver internally with particular care as to her diet; no salt allowed. And as to the regularity of her menses, this function has been established about one year, and if irregular or checked the disease makes rapid progress.

Surgery is not greatly in demand here, still it is sometimes called for, and among the list of operations are five amputations of the forearm at the junction of middle and lower third, without a ligature or torsion being used. These were all caused by the explosion of a giant powder cartridge in the hand while fishing. The force of the explosion, having torn off the arteries some distance above the wound in the soft tissues and the bone, and these by their elasticity were so greatly retracted that in order to

catch them it would have been necessary to amputate almost to the elbow.

There were no secondary hemorrhages, and every thing went well to entire recovery. In one of these cases there were twenty-eight openings and counter-openings in the soft walls of the chest; the bones of the hand and wrist penetrated the skin and passed out, portions of the finger nails only being left, which were afterward removed. Another case is an amputation of both arms at the shoulder. The subject was a Chinaman. One hand became fastened in the rollers of a sugar-mill; in endeavoring to extricate it the other became fastened, and both passed in quite to the shoulder before the mill could be stopped. Recovery was rapid and good. Force of circumstances compelled me to use silver wire as ligatures. They still remain in the wound, and have produced no unpleasant symptoms.

I quite agree with Dr. Engelman, in his work on "Labor among Primitive Peoples, etc.," as to obstetric position. Numerous opportunities afforded here by natives illustrate the greater ease and comfort of the semi-recumbent position or kneeling, with head and shoulders thrown forward, thereby making the center of gravity in a line through the centers of the straits of the pelvis. It is with difficulty a native woman can be induced to occupy the prone position under these circumstances, and then, when the pains become severe, she assumes the upright position, seemingly as a natural one. A peculiar trait among primitive peoples, especially the Polynesians, is the habit of biting off the umbilical cord; they will not allow it to be cut if they can prevent it.

In my next communication I will tell you something of opium smoking, awa drinking, etc., and of the methods pursued by the native doctors, or kahunas, in *praying* their victims to death.

WAILUKU, SANDWICH ISLANDS.

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LISTERINE is now probably the most popular of antiseptics, and is deemed not only of great value in surgery, gynecology, and the like, but internally in zymotic affections it is largely prescribed.

LITHIATED HYDRANGEA is claimed to be a sovereign remedy in various nephritic, vesical, and gouty troubles.

Both these substances are prepared by the well-known manufacturing chemists, Lambert & Co., of St. Louis.



## Miscellany.

THE MEDICAL PROFESSION. — President Eliot, of Harvard, at the annual dinner of the Massachusetts Medical Society, said: As I am not a physician, I am at liberty to say some things which need to be said, but which the modesty and reticence of the educated physician prevent him from uttering. From certain public discussions, which have attracted popular attention during the past five months, it would be easy for hasty or ignorant people to infer that the medical profession was thoughtless of the poor, indifferent to their sufferings, and careless of their fate. Let me bear my testimony that the facts are all the other way. I believe that the medical profession in these days, in city and country alike, renders more direct personal service to the poor and friendless, for clear love of doing good and of learning to do more good, than all the other professions put together. Who give daily services without recompense to sick and wounded poor people in thousands of hospitals and dispensaries all over the civilized world? Physicians and surgeons. The poorest and most friendless man in the city knows that if he meets with a serious accident or is attacked by a grave disease, he is sure of the prompt services of the most skillful surgeons or physicians in the community as soon as he is carried to a hospital. Who care tenderly for friendless mothers, sick children, and deserted infants, patiently exerting their best skill to save life, mitigate suffering, and restore health? The physicians of lying-in hospitals, children's hospitals, and infant asylums. Is it the lawyers who have learned at last how to bring up motherless babies successfully? No, sir, it is the physician. Who established in Boston those admirable nurseries for the babies of the poor working women? Young physicians, not long out of the medical school. To whom does society owe it that every insane pauper is more humanely and rationally treated to-day than the king's daughter would have been, if insane, two centuries ago? Not immediately to the doctors of theology, or of law, but to the doctors of medicine. Who has delivered modern society in great measure from those horrible plagues and pestilences, like the black death, the smallpox, and the Asiatic cholera, which periodically desolated Europe but a few generations ago? The medical profession. This immense service has not been rendered solely for pecuniary re-

wards, or to the rich and great alone, but freely to the poor and humble, and chiefly to them. Indeed, gentlemen, if there are any portions of modern society which have especial reason to be grateful to the medical profession for services already rendered, and to promote the advancement of medical science and the improvement of medical education in the sure hope of still greater benefits to come, it is the poorer and less educated portions. They have more need of medical and surgical aid than the well-to-do, for their exposures are greater. It is for them to insist in their own interest, that what his excellency, the governor, has felicitously described as "the decent and humane provision of the statute" concerning anatomical science be made effective to the end in view. Let them not imagine that the educated physician whose whole life is given to the study and service of the human body, and to the alleviation of human suffering, can be without reverence for that body or without sensibility to that suffering. Let them be assured that the improvement of the science and art of medicine is for the common interest of all conditions of men. Even in the present imperfect state of medical science and education, it is a rare family, rich or poor, prosperous or miserable, which has not owed the life of at least one of its members to the skill and courage of some good physician. Even now hardly a man or a woman reaches the meridian of life without having owed relief from agony, or escape from untimely death to the medical art. From the achieved progress of the past hundred years, what may we not hope of the coming? It is for all classes of the community to further to their utmost the development of medical knowledge and skill. That way lies the path of mercy, statesmanship, and reverence for humanity. — *Boston Medical and Surgical Journal*.

ADOLPH FISCHER as an instrument-maker stands at the head of his craft. His workmanship is of the highest order, and he does not disappoint his patrons either in the character of his wares or in the time of furnishing them.

THE PRESENT STATUS OF THE CODE CONTROVERSY.—The code controversy in New York has now reached the stage in which argument has ceased, and the strength of the respective parties is being carefully computed prior to the appeal to the ballot in the



New York County Society—the birth-place and stronghold of the New Code—on the 29th proximo, and in the State Society next February.

A poll of the 1,661 physicians whose names are in the New York City Medical Register, shows that 764 adhere to the National Code, 404 are advocates of the New Code, and 54 of no code. The remainder are uncommitted. In the New York County Society, we are reliably informed, the advocates of the National Code are largely in the majority.

The canvass of the State, which is still in progress, shows that there are 2,405 physicians who adhere to the National Code, 924 to the New Code, and that there are 215 who advocate having no code.

These figures are extremely gratifying. They show that the profession of the State has been completely misrepresented in the State Society at its last two meetings, and they unerringly point to the speedy revocation of the New Code.—*Med. News.*

JACOB FLEXNER, the manufacturing pharmacist, is a master in his vocation, and in its science and art he ranks with the best. His learning, skill, integrity, and enterprise make him the man to call upon when we are in need of the new and pure in physic.

WASP-STINGS.—This summer, two or three persons are said to have died from wasp-stings. A writer, signing himself "F.R.C. S.," says the British Medical Journal, announces in the Times that much alarm prevails just now as to the possibility of a fatal result proceeding from a wasp-sting; and he observes that death can only arise from such a cause when fear makes the subject of the sting faint away, in which case, if the heart be weak, recovery, as in all cases of fainting, may be impossible. It is not the wasp's poison, we are informed, which kills, but the fainting which terror induces. Of course it is conceivable, though highly improbable, that a person stung by wasps might immediately fall, through fright, into fatal syncope; but this is certainly not by any means the only or the usual way in which the stings of those insects have been known to prove deadly. It is a common experience that the stings of wasps, though painful, seldom produce any serious, much less dangerous consequences. Yet the records of surgery show that they have proved fatal in a variety of ways. For example, wasp-stings have caused death by inducing

erysipelas of the head, in consequence of intense local irritation arising from a large number of stings; and even one sting has been known to kill by exciting fatal erysipelas in a person of unhealthy constitution, and especially prone to that affection. Again, the sting of a single wasp may be dangerous or fatal because of the importance or position of the injured part. This has been shown in cases in which the eye, or the interior of the mouth or the pharynx has been stung. Many fatal wasp-stings of the inside of the throat have been recorded in instances in which a wasp has been accidentally swallowed when concealed in fruit.

THE OLEATES are attracting much attention, not only in skin diseases, but in other affections, by their curative power in local application. Mercury, arsenic, zinc, iron, and other medicinal metals are those used, as well as the alkaloids of quinia, morphia, strychnia, atropia, etc. Parke, Davis & Co.'s oleates may be relied on.

THE CONSUMPTION OF HORSEFLESH IN FRANCE.—The following statistics with reference to the consumption of horseflesh in Paris, from the British Medical Journal, are interesting. The municipal statistics of the city of Paris show that in 1881 the Parisians consumed nine thousand three hundred horses, and four hundred asses or mules, which amounts to about two million kilograms of meat. The *Hygiène Pratique et Gazette Hebdomadaire des Sciences Médicales de Montpellier* regards this form of food as a valuable resource, when it is considered that many French people scarcely ever touch meat, in consequence of the enormous disproportion between the production of cattle and the population of the country. The same journal observes that science has long demonstrated the excellent quality of the flesh of the horse. This animal is essentially herbivorous, and no noxious element is elaborated in its animal economy; while its organic resistance to disease is such, that, out of three thousand horses which were cut up, M. Pierre, a well-known veterinary surgeon, did not find one in which the viscera showed any traces of morbid lesions. Like veal and young beef, the flesh of a young horse is white, and its nutritious qualities are in direct relation with the age of the animal which furnishes it; but when the colt is three years old, its meat, already deep colored, is very nourishing. When the horse has attained full age,



its flesh contains, in a maximum quantity, all the nutritive principles which are necessary. Liebig and Moleschott have pointed out that horseflesh contains more creatine, that is to say, more albuminous matter, than ox-beef, which makes it largely nourishing. It has, in fact, been demonstrated that four kilograms of horseflesh are as nourishing as five kilograms of beef. The color is not displeasing, nor is the smell unpleasant; and its use in the treatment of diseases for which raw meat has been recommended does not present the inconveniences which are often met with in the raw flesh of beef or mutton; in fact, every day large numbers of oxen, cows, and sheep are killed which are known to be diseased, and of which it is feared to lose the sale. This can never be the case with regard to the horse, for most horses used for food are sent to the slaughter-house simply because they have become old or incapable of working, or because some accident has disabled them.

FLUID HYDRASTIS is a favorite remedy in the treatment of gonorrhea, leucorrhea, and uterine hemorrhage. Recent cases of the first named disease are cured by it, it is claimed, in a week's time, leaving no gleet or other discharge. The Wm. S. Merrell Chemical Company offer this preparation to the medical profession, and it is dispensed only on physicians' prescriptions.

UNUSUAL RAPIDITY OF THE HEART'S ACTION.—Dr. Latham related to Cambridge Medical Society, in July, the case of a lady, aged thirty-four, married, the subject of remarkable palpitation of the heart. The attacks would come on rather suddenly after fatigue or exhaustion, with pain over the precordia, and palpitation. During the attack the pulse could not be counted at the wrist; and the number of the heart beats, counted with the stethoscope, was about one hundred and ninety-six per minute. The paroxysm usually terminated suddenly, the pulse going down to about seventy-six; vomiting occasionally took place afterward. The attack would sometimes not last more than twenty-four hours. At first the treatment adopted had been tincture of digitalis, half a dram at a dose, and fifteen minims repeated in three hours. This was ineffectual. Bromide of potassium and valerian were useless. Finally, a sixth of a grain of morphia was injected hypodermically night and morning. She slept part of the night, and the palpitation ceased about five in the

morning. There was some vomiting after the morphia. Dr. Latham regarded the case as an illustration of the ganglionic system passing beyond the control of the cerebro-spinal. He alluded to the physiology of the medulla, vagus, and ganglia of the heart.

A MISTAKE CORRECTED.—From the Louisville Medical Herald:

KENTUCKY SCHOOL OF MEDICINE, }  
LOUISVILLE, Sept. 13, 1883. }

DR. DUDLEY S. REYNOLDS, *Editor Medical Herald*:

DEAR SIR—In the September number of the Herald we notice the statement that one half of the faculty of the *Kentucky School of Medicine* are members of the faculty of another school. As this statement is not true, you will of course avail yourself of an early opportunity to correct it.

Very respectfully yours,

W. H. WATHEN, M.D., *Dean*.

Of course, we intended no misrepresentation of fact, and regret the necessity of being now obliged to explain the objectionable statement. We did not think, however, the statement complained of by Dr. Wathen did any great injustice to the institution he represents; but as he wishes an explanation, we are of course obliged to give it, or take the consequences. And as we know how to make the explanation, and do not know what the consequences might be if we failed, we proceed to explain.

In the first place, by reference to our advertising pages it will be seen that *Turner Anderson, M.D.*, *C. W. Kelly, M.D.*, *Sam. E. Woody, M.D.*, and *James M. Holloway, M.D.*, are all members of the *Kentucky School of Medicine*. It may likewise be observed that the faculty is composed of nine members. Now, on the letter-head representing the faculty-organization of the *Louisville Medical College*, it appears that all the gentlemen before named are members of the faculty of that institution. True enough, in the annual announcement issued by the *Kentucky School* and the *Louisville School* respectively, the name of *Dr. Woody* does not appear in both, although the names of the other three are duly set forth. Our friend *Wathen* insists that *Dr. Woody* therefore does not belong to the faculty of the *Louisville Medical College*. We have in our possession a letter, written by *Dr. Woody*, offering to take students at the *Louisville Medical College* at half the published rates; and on this letter-head is a list of the faculty of the *Louisville Medical College* in which *Dr. Woody's* name is included as a teacher of Medical Chemistry and Microscopy. The letter was mailed



in Louisville on the 8th of August last to a student. It would appear, therefore, unmistakable truth, that but *four* members out of the *nine* constituting the faculty of the *Kentucky School of Medicine*, hold chairs in the *Louisville Medical College*. Not being good at either chemical or microscopical analysis, we may fairly be excused for having omitted to mention just which particular man of the remaining five should have been divided to suit the exacting demands of the Dean. We must confess we made a grave error in the statement that one half of the *Kentucky School* faculty belongs to the *Louisville Medical College*, since it appears from undoubted documentary evidence that but *four-ninths* of the *Kentucky* faculty are so engaged. Shall we explain further?

MAGNESIA IN BEER.—As a custom of adding magnesia to beer to preserve it is now becoming general, a word in time from the medical profession may avert what threatens to become a danger to health. Formerly, to preserve beer, only salts of lime and the alkalies were used; these imparted harsh and soapy tastes respectively. (British Medical Journal.) As magnesian compounds are not so perceptible (when in beer) to the taste, their use in brewing is replacing that of lime. Pure beer itself contains more magnesia than can be taken with impunity by many constitutions. The addition of further quantities under names known to the trade as “antacid,” to correct beer, “C and D,” to preserve it, “concentrated Burton water” to harden brewing water, may easily increase the amount to an injurious quantity. Brewers do not inquire into the nature of the chemicals now largely used by them, and can not be aware of their effects. It is time they were reminded that the continual drinking, in a popular dietetic, of salicylic acid, magnesia, vegetable bitters, etc., is a question which concerns the public health quite as much as their own profits. Drinking-waters containing excessive quantities of magnesia are frequently condemned; beer can disguise more, and should be closely watched. In obscure cases of purging, it will be well for the medical adviser to bear in mind the possible, but hitherto unsuspected presence of excessive quantities of magnesia in beer.

SUGAR AS AN ANTISEPTIC DRESSING.—Dr. Fischer states that Prof. Lücke, of Strasburg (*Centralblatt f. Chir.*, August 25th), has, since May last, been making trials of sugar

as a pulveriform antiseptic. He has used it with equal parts of naphthaline or with a fifth part of iodoform, inclosing it in gauze bags, which are fixed over the wound after the application of sutures. When the skin is defective, the sugar is strewed over the wounded surface. The wound has been disinfected during the operation by means of a one-per-cent sublimate solution. The dressing may remain on the part from a week to a fortnight, until the sugar becomes dissolved, the secretions from the wound diffusing themselves equally throughout the sugar. If, however, the sugar is applied too thickly (*i.e.*, more than half a centimeter) it forms into lumps. The wounds thrive under the sugar, the dressing emitting no bad smell nor exhibiting bacteria. The granulations are well developed, having no inclination to bleed, and cicatrization proceeds rapidly. In wounds united by suture, primary union has always been obtained. The experience thus far gained justifies the recommendation of further trials of a remedy so easy to obtain.—*Med. Times and Gaz.*

AN INQUEST INCIDENT.—When the jury were about to be sworn on an inquest held at the “Lord Clyde,” Wotton-road, Deptford, Mr. Carttar, the West Kent coroner, opened the book which was supplied by the landlord of the house for the purpose of administering the oath to the jurymen, and found it to be a copy of “Tristram Shandy.” After some delay the New Testament was forthcoming.—*Ibid.*

PHYSICAL EFFECTS OF THE ISCHIA EARTHQUAKE ON SURVIVORS.—Prof. E. Fazio has been making notes in Ischia as to the impressions made upon the victims before and after the calamity. He has ascertained that in general those who were excavated alive were stupefied, their organic functions paralyzed, their sight weakened or altogether suspended for some time; most had felt extreme thirst while under the masonry, but all asserted that they had never lost the hope of being saved.—*Ibid.*

DAMP HOUSES.—A correspondent asks: “If dampness is the sole cause of the unhealthiness of new houses, why are not tents unhealthy in wet weather? I have,” he adds, “seen a good deal of tent life, and always found it to agree with me.”—*Ibid.*

THE RELATION OF THE TEETH TO THE BRAIN.—The recent discussion in the French



medical journals on the relation of the teeth to the brain and their conclusions are of importance to all brain-workers. Dr. Championnière recommends that parents and guardians should pay close attention to the condition of the teeth of those under their care, and should, when any signs of premature decay are noticeable, give their charges a holiday.—*Ibid.*

INTEMPERANCE AND CHOLERA.—Some valuable remarks have been made by Dr. Norman Kerr relative to cholera, particularly in reference to the mode in which indulgence in alcoholic drinks affects the mortality from the disease. (The British Medical Journal.) Happily, just at the present moment there does not appear to be much reason to fear an epidemic of cholera in this country, as the news from Egypt seemed to suggest some time ago. Still, it is well to be prepared for its arrival if it should appear; and Dr. Kerr's remarks are interesting, even if it should turn out that they have less practical importance than was recently expected. As to the causes of the disease, perhaps some germ, whose characters are as yet not definitely defined, is at the bottom of the malady. In accordance with the general laws governing the propagation of epidemic diseases, this germ will be stimulated to acting, grow, and spread through the body by the assistance of filth, overcrowding, improper food, and particularly by over-indulgence in alcoholic drinks. Evidently none of these causes singly is sufficient to produce an epidemic of cholera, for all these causes are separately existent in many conditions where cholera does not arise. But, given the existence of the germ, say by importation in some infected ship, the presence of these conditions wonderfully assists its growth and spread. The special facts regarding the influence of alcohol in conducting the spread of cholera are striking. First, many of the authorities offer the most unhesitating testimony to this effect. Sir Thomas Watson; M. Quetelet; the facts of the epidemic in Warsaw, where it was observed that ninety per cent of the deaths occurred among those who used alcohol freely; Professor Macintosh, in Edinburgh; the Canadian medical men in 1832; M. Hubert, in Paris; and Dr. Adams, in Glasgow—the testimony of all these and of others is, with one voice, to the same effect. Dr. Adams actually went so far as to say that, if he had the power, he would have every dram-shop labeled "Cholera sold here."

Again, cholera has become much less deadly among the soldiers of the English army serving in India, as sanitation has been better attended to, and as temperance has increased among the men. Professor Lee, of New York, expresses an opinion to a like effect; so that we may take it there is no substantial doubt that alcoholism very strongly predisposes to a fatal issue in those attacked by cholera, and probably also that alcoholism renders persons more susceptible to the incidence of the disease than they would otherwise be.

But not only does alcohol drinking predispose to the infection of cholera, and render the patient less able to fight with the disease; it is also, in Dr. Kerr's opinion, one of the most dangerous agents that can be used for the cure of the disease. In the first stage it is very apt to cause a loss of valuable time by numbing the pain and leading to the conclusion that there is little wrong. In the second stage it prevents the elimination of the poison by congesting the vessels; and in the third stage it is particularly dangerous by increasing the febrile reaction. There can be no doubt that, in the main, Dr. Kerr's advice is sound; and that, if we are no longer to fear a disease which in the epidemics of 1831, 1848, 1854, 1866, and 1873 carried off over one hundred thousand victims, our best course is to have abundance of fresh air, to foster habits of personal cleanliness, to eat wholesome food, and that not to excess, and to abstain from alcoholic drinks.

THE HEARING OF SCHOOL-CHILDREN.—In an article on the results of an examination of the ears and the hearing of five thousand nine hundred and five school-children, in the Archives of Otology, vol. xi, No. 1, Dr. Weil makes some very sensible remarks. He considers, for instance, that every inattentive child should have its ears examined—so convinced is he of the fact that children who are simply hard of hearing are often misjudged and considered inattentive. Of course, it would be much better, he says rightly, if every school-child underwent such an examination once or twice every year. It is not necessary that such examination should be made by a medical man, since the teachers could do it, but of course not so well as the physician. It does not require much time or trouble, certainly not more than one hour for each class. The test could be made in the school-room itself if there be no other room convenient. The teacher



could place the pupil in one corner of the room, then retire to the other himself, and test each ear separately by whispering. He should cause the words and sentences used to be repeated by the pupil, and could thus easily find out which of them are hard of hearing. This would have the further advantage of calling the attention of parents to the condition of their children, thus preventing injustice from being done to them, and making them profit by early treatment. The author believes that, in the great majority of cases, the children whom he examined could be much benefited by proper treatment, and many of them could be entirely relieved in a few minutes. Probably the great majority, he says, will never be submitted to proper treatment, or at least not till after some years, when the disease will have caused changes which can then be but little benefited. The author thinks that many of the children will be neglected by their parents, even after they become informed of their condition, simply on account of the cost of treatment; and he therefore recommends the appointment of a proper surgeon to be responsible for the health of schools, and whose duty it would be to examine the ears of every child whom the teachers find inattentive, and, when necessary, to give the proper advice.

**EXTINCT ANIMALS EXHUMED.**—The *Illustriste Zeitung* reports that the fossil remains of several iguanodons have been found at Bernipart, in Belgium. The skeleton of one of these fossil monsters has been carefully put together, and removed to the natural history museum at Brussels, where a special case has been made for it, and placed in the courtyard, no convenient space being found inside. The same journal reports the discovery of the remains of animals of the bronze age, made during the extension of the fortifications of Spandau. Among other things were the bones of a species of dog, the leg-bone of a gigantic horse, and the bones of a small species of pig, somewhat like the present Indian one. The remains have been examined by Professor Nehring, who also discovered the remains of a small-limbed goat and of a sheep.—*Science*.

**PAUPERS' SNUFF—AN ALTERNATIVE.**—The medical officer reported at the last meeting of the South Dublin Union Guardians that he had directed that eight pounds of snuff should be served out to the inmates. A guardian thereupon observed that he was

glad of this, because the old women took ashes when they could not get snuff, and the old men ground up stones and mixed them with clay for the same purpose, both of which injured their health.—*Med. Times and Gazette*.

**TINNED PROVISIONS.**—It is stated that ten thousand rabbits were sent to England in one year by the New Zealand Meat Preserving Company. But, as the wholesale poisoning of rabbits by phosphorus is being carried on in Australia, the question has arisen, "Are canned Australian rabbits a safe food?"

**EXTIRPATION OF THE LARYNX.**—This painful and protracted operation was lately performed in Glasgow, Scotland, by Dr. Newman, and perfect relief was obtained in the usual way. The patient, aged fifty-five, was suffering from a tumor of the larynx, involving chiefly the epiglottis. The operation lasted two hours. Death resulted about thirty-six hours subsequently.

THE last rival of quinine is kairine. Its chemical name is given by Dr. Fisher, its discoverer, thus, hydrochloride of oxyethyl-quinolinehydrid. Drs. Girat, Filehne, and Riegel have investigated its action, but have not reached uniform results. Most claim for it the general anti-febrifuge properties of quinine.—*Detroit Lancet*.

IN the Medical News Dr. John L. Atlee reports a case in which he mistook an hypertrophied right lobe of the liver for a fibroid tumor of the ovary. The diagnosis was made out by the operation, the woman sewed up and put to bed.—*Ibid*.

DR. RUSH said no physician should be allowed to practice who had not first served six months in the kitchen, of such moment did he regard a knowledge of the art of cooking.—*Ibid*.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from September 29, 1883, to October 6, 1883.

Tilton, H. R., Major and Surgeon, assigned to duty as Post Surgeon at Fort Wayne, Michigan. (Par. 4, S.O. 183, Dept. of the East, September 28, 1883.) Brechemin, Louis, Captain and Assistant Surgeon, relieved from duty at Fort Columbus, N. Y. H., and assigned to duty at Fort Wadsworth, N. Y. (Par. 5, S.O. 183, Dept. of the East, September 28, 1883.)



# The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

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## KENTUCKY STATE BOARD OF HEALTH.

At its late meeting in this city the resignation of Dr. Speed, who has been Secretary of the Board for several years, was accepted, and Dr. McCormack, of Bowling Green, was elected in his stead. Dr. Speed's work is known to the profession. He has been conscientious and faithful in the discharge of his duties, and has gained thereby many friends and much praise at home and abroad.

The election of Dr. McCormack will meet with the hearty approval of the profession throughout the State. Indeed, a better selection could not have been made. He is in the prime of life physically and mentally, quick and vigorous, ambitious, enthusiastic, scholarly, learned in hygiene, a close observer and a sound reasoner, popular in manners, fluent in speech, and a ready writer. During his prolonged service as a member of the Health Board he has proved himself one of its best workers, and the experience therein gained will greatly add to his usefulness as secretary. We congratulate the board and the commonwealth upon securing the services of so excellent an officer.

The annual report of the board, lately issued, is vastly superior to any of its pre-

decessors, and contains a large mass of useful information, which must do great good to the people when they have come into possession of it. This report should be widely circulated, and the secular and other papers throughout the State should call the attention of their readers to it. Our legislators can not better spend their leisure hours than in mastering its contents, that they may thereby be enabled to legislate the more wisely on health matters during their coming session. The board should be given more power—more money. No branch of the State government is of greater importance than that which the members of the Health Board direct. Health is the foundation of success in nations and in communities. As peoples improve in health they advance in civilization and morality. Crime is in large measure of pathological origin, and sin chiefly comes from sickness. The skilled physician is the most useful of evangelists, the most beneficent of citizens. Homer estimated him as equal in value to more than a legion of soldiers. He says,

"The great physician, skilled our maladies to heal,  
Is worth ten thousand to the commonweal."

Three vacancies in the State Board of Health will occur during the coming year, and it is confidently hoped that our excellent governor will choose good men to fill these important places. The custom has been to appoint friends, relatives, or political allies. Governor Knott is expected to depart from this custom. Neither politics nor religion, consanguinity nor friendship, should influence the selection of health officers.

## SIR WILLIAM MACCORMAC.

Sir William MacCormac spent last week with friends in this city. On Friday he visited the University of Louisville, and delighted the medical students by performing, in the highest style of surgical art, two operations, and delivering a concise lecture on epispadias and harelip, the two deformities upon which he exercised his skill.



This distinguished Londoner has visited the great cities of the West, and will sojourn briefly in Washington, Baltimore, Boston, Philadelphia, and New York. He expresses himself delighted with his American experiences.

He has not observed those evidences of physical degeneracy which some foreign travelers claim to be impressed with, and says the people he has encountered in this country are, for all the world, just like those he meets every day at home.

The hobby-riders, the specialists and prejudiced provincials who come to this country are apt to imagine marvelous and manifold degenerations in the American descendants of foreign forefathers; but the square-brained man who has been in many lands, and who is not afflicted with an innate or acquired intellectual squint—and such a man is Sir William MacCormac—sees that in similar classes the people of the different civilized lands are very similar. The resemblance is greatest between the Queen's British subjects and the President's people because these nations are of the same origin—a wondrous commingling of many good bloods.

The London cockney, the Paris boulevardier, and the beer and pretzel philosophers of Berlin and Vienna imagine the average American an inferior biped, badly dressed, with narrow jaws, defective or false teeth, nasal twang, hatchet face, sallow skin—a bundle of diseased nerves and chronic dyspepsia. But these static foreign donkeys who have only browsed in very narrow pastures, if they have eyes to see would find us a very different folk were they to make personal observations in America.

It has not pleased the good God yet to create a people perfect in health or comeliness, but the white man every where is more or less rapidly, in these two respects, advancing, ascending, augmenting; and nowhere is this development more rapid than it is in America. We are not without our faults, physical and mental and moral, but we are curing of these; and if only the peoples who are sinless in these things shall

cast the first stones of criticism at us, we have indeed very little to fear.

In conclusion it may be said, and without just ground for the charge of vanity or flattery, after the manner of Bishop Butler in commending the strawberry: Doubtless God could have made a better nation than the British, but doubtless God never did. And Americans are chips of the old block.

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## Correspondence.

### KENTUCKY SANITARY COUNCIL.

*Editors Louisville Medical News:*

The State Sanitary Council held its regular semi-annual session at Glasgow, Tuesday, October 2d. In the absence of the president, Dr. J. A. Dixon, Dr. R. H. Grinstead presided. Dr. J. N. McCormack, Secretary of the State Board of Health, was elected permanent secretary. Prof. Elrod delivered an address of welcome, which was responded to by Dr. J. W. Holland.

Dr. Grinstead, Health Officer of Glasgow, read the first paper, on the Adulteration of Medicines, and dwelt specially on the best methods of preventing such adulterations. Dr. J. S. Leach, of Glasgow, presented a paper on The Restriction of Smallpox. Both of these papers elicited interesting discussion, the speakers being limited to five minutes.

Dr. Holland, of Louisville, read an elaborate paper on The Causes and Prevention of Cholera Epidemics, citing the history of that disease as it occurred in the towns and cities of this State in 1873 in support of the commonly accepted view that cholera is a miasmatic contagious disease, and is to be combated by cleanliness, isolation, and the thorough disinfection of the alvine discharges and every thing with which they come in contact. The discussion of this paper closed the afternoon session.

A large and attentive audience was in attendance at the evening session.

Dr. R. M. Alexander, of Burksville, read a carefully prepared paper on The Reasons for Sanitary Legislation, and was followed by Dr. Pinckney Thompson, of Henderson, with an excellent and thoroughly practical paper on Domestic Hygiene. Dr. Holland read a paper by Prof. L. Eddy, of Danville, on The Reciprocal Relations of the People and the State Board of Health. Dr. McCormack presented A Plea for the Teaching of Hygiene in the Schools. Prof. A. W. Mell, of Glasgow, made an address on School Hygiene; and the Council adjourned to meet in Bardstown on the first Tuesday in April, 1884.

The Sanitary Council is a voluntary association of a purely advisory and educational character, and all persons in the State interested in public health are invited to attend and take part in its meetings. This is the second meeting, the initial one having been held in Louisville last March, and its



originators are very hopeful for its future. The first meeting was called and held under the auspices of the State Board, but the intention is to make it entirely independent of that organization. The experience at Glasgow and the number of papers presented indicated that the work of the Council can not be done in less than two days, and the programme for Bardstown will be arranged for that period.

### BERLIN LETTER.

*Editors Louisville Medical News:*

I have been here in Berlin a few days, and have seen a good deal of interest for our profession. The University stands very high in reputation, has talented, distinguished professors and perhaps the finest "policlinics" (Poliklinik in German) in the world; buildings all new, only finished last year. The faculty is composed of such men as Virchow, DuBois, Reymond, Schroeder, Schweigger, Bardeleben, Frerichs, von Bergmann, etc., men well known in the United States.

They have lost a good deal in Langenbeck, who retired last May on account of his advanced age, but found a good substitute in von Bergmann. I visited his polyclinic yesterday, was very well received, and invited to see his patients, which he examined and operated upon in the presence of a few students. The waiting rooms were divided for men and women, well ventilated, and disinfectants used every where; they now prefer corrosive sublimate (1:1000) and very little carbolic acid. I saw no sponges, but salicylated cotton dipped in this solution before using; all instruments lay in it before using, and all wounds were dressed with it, and then covered with starch bandages dipped in the same solution before application, to protect the wound against the air. Every day, or other day, this dressing is repeated, according to the severity of the wound, which is thoroughly cleansed beforehand. *Cleanliness and the antiseptic method* seem to be *the whole soul* of practice. He will not open an abscess without washing the surface beforehand, and introduces a rubber tube or canula for drainage. The incisions are made free and deep to admit very free discharge of pus, the wound cleansed with corrosive sublimate and then closed with a starch bandage, with only the opening of the tube for drainage.

For fractures of the forearm he applies a

plaster-of-Paris or starch bandage with the arm in supination, an inner wooden splint with a piece on the palmar end, which the hand grasps and is so bandaged; the bandage is carried above the elbow joint. For all fractures of the leg and contractions of the knee joint plaster or starch bandages are used and carried up pretty high. For contusions of the knee joint, synovitis, the rubber bandage is the favorite method, followed by massage (Knetkur in German) as soon as practicable. The same is practiced for contusions of other joints and some affections of the muscles.

Every patient's name is entered in a journal, and he receives a card for re-admittance. During two hours attendance I saw more than thirty patients with surgical diseases, all were examined, dressed and operated upon as the case required. The cases were all interesting and instructive. Among others we had two cases of goitre, which were treated with injections of iodine (officinal tincture); a good many ulcers, which were covered with adhesive strips, followed by starch bandages. Iodoform is the favorite application for phagedena.

In the afternoon I visited Prof. Schweigger's eye clinic, and found it divided in two departments, diseases external and internal. For diseases of the lids, conjunctiva, and cornea, they have about the same treatment as with us. For eye-water, vaprum sulphuricum and zincum sulph. are preferred; for ointments, iodoform and hydrargyrum oxydatum with vaseline and coca. Three small rooms are prepared for examination with the ophthalmoscope, and up-stairs is a fine operating room with amphitheater and hospital attached. They had only two minor operators this P.M., one ordinary iridectomy, the other for strabismus; the latter was interesting, as it differed a little from the ordinary one. It was necessary to divide the external rectus muscle. He laid open first the internal rectus and retracted it, then dissected the external rectus from the mucus membrane, caught it with a hook, introduced below it two needles threaded with carbolyzed catgut, tied the muscle, divided it and then united the tendons in such a way that by moving the threads he could modify a possible remaining defect. The dressing was dry salicylated cotton and a bandage which was to be renewed twice daily.

To-morrow I am invited by Professor Schroeder to visit his lying-in hospital and gynecologic institute. I shall write again next week.

E. VON QUAST, M.D.



## Selections.

**VENEREAL AND SEXUAL HYPOCHONDRIASIS.**—Extract from a paper read at the late British Medical Association meeting, by Mr. Fred. W. Lowndes, M.R.C.S: In conclusion, there is a still more delicate matter, one which I approach with much hesitation, but which, as it often comes to our notice, had better be boldly met. I allude to the circumstance that some of these sexual hypochondriacs, being anxious to set at rest their doubts as to sexual disability, propose resorting to illicit sexual intercourse, and endeavor to obtain our sanction to such a proceeding. There can only be one proper answer to such a question; and I should not have alluded to this, had I not known for certain that some of our brethren have been unwise enough to sanction, and even recommend such a proceeding. Now I do not see that special practice in venereal diseases requires a lower standard of moral rectitude or professional honor; and to such of our patients as are open to such an argument, we may quote the excellent words of Sir James Paget, who, in a lecture on this very subject, says: "Many of your patients will ask you about sexual intercourse, and some will expect you to prescribe fornication. I would just as soon prescribe theft, or lying, or any thing else that God has forbidden. If men will practice fornication or uncleanness, it must be of their own choice, and on their own responsibility. We are not to advise that which is morally wrong, even if we have some reason to think a patient's health would be better for the wrong doing. But, in the cases before us—and I can imagine none in which I should think differently—there is not ground enough for so much as raising a question about wrong doing. Chastity does no harm to mind or body; discipline is excellent; marriage can be safely waited for; and, among the many nervous and hypochondriacal patients who have talked to me about fornication, I have never heard one say that he was better or happier for it; several have said they were worse, and many I know have been made worse." But, it may be urged, to many of our patients such a line of argument would be little short of a mockery. This is unhappily too true; but I think that, without descending a step from the same moral altitude, we have other cogent arguments. We might urge on our patient that it would hardly be "janak" (to

use a Lancashire phrase) to recommend a course which might bring our patient back to us suffering from something infinitely worse than sexual disability, even assuming the latter to be real, and not fanciful. We might also urge that, to sanction such proceeding might involve many awkward questions, not the least of which would be as to how often the prescription was to be repeated. I forbear to say more, and would only add, as a last word, that we are not justified in saying in the quiet of our consulting-rooms what we should not venture to say before an assembly of our professional brethren.

**CHANCRE.**—Dr. Armand Bernard, in the British Medical Journal, thus concludes a paper: In the male, in my experience, it is best marked when the sore is situated on the inner surface of the prepuce and furrow, where, owing to the conformation of the parts, it feels like a piece of cartilage when taken hold of by the fingers. When it occurs on the glans, it feels tough, scarcely amounting to hardness, more to a thickening of the part. At the free border of the prepuce induration is nearly always well marked, though not possessing the elastic feel met with on the inner surface of the foreskin. Absence of induration is a frequent characteristic of a syphilitic lesion situated on the sheath or body of the penis. When induration is present, it then feels like parchment. In the female, it is best marked on the nymphæ. When found on the labium majus, it feels very like that in a similar affection on the glans penis. Induration is not always well marked in the fourchette. To generalize, this accompaniment of a syphilitic lesion is always best marked when it involves a mucous membrane, the reasons for which are obvious.

**WHAT INFLUENCE HAS AGE UPON MORBIDITY?**—The answer to this query, as given by different physicians, differs very widely. Its importance all admit. But in the present state of our knowledge, all answers must, in the nature of the case, be at best approximate. Our present object is to direct attention to some recent exact observations made by the medical department of the U. S. Navy, and published in its last annual report.

During 1881, nine thousand five hundred and forty-six persons were sick. Dividing these into decennial groups, according to their ages, we have the following: Between



the ages of fifteen and twenty-five, four thousand one hundred and ninety-one men; between twenty-five and thirty-five, three thousand three hundred and eighty-five men; between thirty-five and forty-five, one thousand three hundred and ninety-eight men; between forty-five and fifty-five, four hundred and forty-six men; above fifty-five, one hundred and twenty-six men. The highest death-rate is found in the fourth decennium, and then, in order of frequency, the third, second, and first. The sick and invaliding rate of the zymotic class gradually decreased from the first to the last decennium, with the exception of the fourth, where a marked increase occurred, due to the increasing prevalence of malarial cases with increasing age.

In the constitutional groups of disease there is a very large increase in the sick and invaliding rates from the first to the fifth decenniums. Syphilitic diseases decreased in frequency with age. Nervous affections increased with age.

The second, fourth, and fifth decenniums contain most diseases of the eye, while diseases of the ear decreased gradually from the first to the last decenniums. Diseases of the circulating system decreased in frequency through the first and second decenniums, and then increased largely to the last. Diseases of the respiratory organs gave pretty nearly the same ratios up to the fifth decennium, in which there was a large increase, due to chronic catarrhal and bronchial troubles. Diseases of the digestive organs were largely represented in the first decennium, gradually decreasing in the second and third, and again rising higher in the fourth decennium. Diseases of the absorbent system were notably frequent between fifteen and twenty years and gradually decreased with age. Poisons, including alcoholic excesses, increased with age.—*Detroit Lancet*.

THE DIET OF DOGS.—The last meeting of the Academy of Sciences, of Paris, was taken up with the quantity and quality of food suited for dogs in a state of domesticity. (*Lancet*.) In a paper giving the result of his experiments, the author has come to the conclusion that an ordinary adult dog can digest a quantity of meat varying in weight from one tenth to one sixteenth of the weight of the body. Under the influence of cold, the weight of the ration absorbed was increased and under warmth it was diminished. Cold infusion of coffee

administered to a dog increased its appetite; it ate a quantity of meat equal to one eighth of the weight of its body. But when the meat was mixed with bread, starch, and other farinaceous substances, the weight of the ration absorbed was notably diminished; the animal got thin, sometimes phthisis supervened, and death followed. The author concluded with the remark that a diet, whatever be its nature, can not be suddenly changed without producing disorder in the economy. A diet exclusively carnivorous, though better suited to the constitution of the dog in a state of liberty, would be prejudicial to the animal in a state of domesticity. A mixed diet is therefore clearly indicated in the latter condition.

CARBOLIZED SAWDUST AS AN ANTISEPTIC DRESSING.—Mr. H. P. Symonds, surgeon to the Radcliffe Infirmary, Oxford, writes, in the *Lancet*: One of the drawbacks of the usual antiseptic dressing is the rapidity with which the discharges come through on the first day or two after operation, often necessitating the redressing of the case within a few hours. To prevent this, and yet not to interfere with the aseptic condition of the wound, is a distinct advantage both to the patient and the surgeon. The material I have used recently in a considerable number of cases is coarse sawdust, soaked in (one in ten) solution of absolute phenol and spirit of wine, then allow to dry slightly so that the spirit may evaporate, leaving the sawdust charged with carbolic acid. When used it is inclosed in a bag made of several layers of gauze, and applied outside the deep dressing, the usual external dressing being put over it. The sawdust thus takes the place of the padding of loose gauze which is generally used. Its absorbent power is very great, and it has the additional advantage of keeping up an equable pressure on the divided tissues. I find that fourteen ounces of sawdust will readily absorb about one pint of fluid.

AN EXTRA-UTERINE FETUS RETAINED FIFTY-SIX YEARS.—On September 11th, *L'Union Médicale* contained an interesting account of an extraordinary case, in which a fetus at full term had sojourned fifty-six years in the neighborhood of the mother's womb without having undergone any change whatever, and without having caused any distress to the mother beyond that resulting from its size and weight. (*The Lancet*.) The mother died at the age of eighty-four, and



the perfect infant was discovered in a cyst, whose wall was petrified, about the right fallopian tube.

**PRIMARY CONSIDERATION OF ORTHOPEDIC CASES.**—At a late meeting of the Academy of Medicine in Ireland, Mr. Swan read a paper (*Lancet*) on primary consideration of orthopedic cases. He explained certain allusions to affections not strictly to be termed orthopedic by stating that they very frequently were seen by surgeons practicing that branch of surgery. From a prolonged observation of a limited number of examples made by himself, and from the results obtained from the records of Dr. H. Cuthbertson and Dr. Virgil Gibney, of New York, he arrived at the following conclusions: (1) That the advantages of excision or evitement in tarsal caries do not appear to be so obvious as to warrant their frequent application; (2) that, as there is no evidence of amyloid degeneration of viscera in long-continued suppuration of the tarsal joints, conservatism in its widest signification may be specially applied to disease of this structure; (3) that an ankylosis of the tarsal articulations, a result of the generation of plastic material during the course of the disease, will occur, but that this process, though diminishing the mobility of the foot, will leave it fairly useful. In referring to angular curvature of the spine, the impossibility of predicting the amount of deformity was maintained. The supervention of paraplegia, on the other hand, might be confidently anticipated to occur only in caries of the cervical or upper dorsal vertebræ. So far as the paralysis was concerned, the prognosis might be stated to be usually favorable. The probability of the development of abscess was shown to be chiefly the results of motion, and not necessarily the sequence of extensive gibbosity, or even extensive implication of tissue. Scoliosis was stated to be, except in an early stage, an incurable affection. In equinovarus section of all resisting structures was insisted on, and relapses were said to be often due to a neglect of this rule. Mere congenital distortions of the feet were divided into, (1) those the result of nervous lesions; (2) those depending on ligamentous relaxations; (3) neuro-mimetic affections; and (4) those of traumatic origin. In the treatment of deformities of the lower limbs depending on essential paralysis as usually adopted, whether by counter-irritation, localized galvanism of Duchenne, massage, or the Swed-

ish movement cure, the writer did not put much faith, but held a strong opinion on the utility of the direction of volition to the limb, while by proper means maintaining symmetry, holding that the development of the use of the unaffected muscles even remotely attached to the member established a compensating power, and believing that in many cases some of the fibrillæ of muscles, the bulk of which were paralyzed, retained contractile power. Mr. Wheeler was of the opinion that Mr. Swan was not sufficiently explicit in his paper with reference to the disease of bones of the foot, and the excision of bones, etc. A tolerably accurate diagnosis of the extent of the disease could be formed by observing where the disease commenced. There were four distinct synovial sacs in the foot. Hence it would be easily understood that the extent of the disease would be greatly influenced by its starting-point. Complete excision of the os calcis was not a common operation. The results in two cases we had were most satisfactory; a third, however, was not quite so successful. He deprecated the use of the gouge as a dangerous and unscientific practice, especially in disease of the ankle-joint. The president remarked that the partial removal of carious bone was exceedingly unsatisfactory. Although Mr. Wheeler had condemned gouging, his experience of it had been attended with marked success.

**BROMIDE OF POTASSIUM IN DIABETES MELITUS.**—The influence of the scepter which the so-called "diabetic center" has so long swayed over the domain of diabetic pathology is, perhaps, destined ere long to be felt less acutely, or even not at all. (*Lancet*.) It is certain, at all events, that the majority of pathologists are by no means satisfied with the opinion that diabetes is essentially due to a lesion of the parts of the central nervous system about the medulla oblongata. In 1866 Begbie, probably influenced by the prevailing views of the nervous origin of diabetes, suggested the employment of bromide of potassium in that disease. He obtained satisfactory results in four cases. Since that time many physicians have employed the drug with varying success. Last year M. Felizet presented, in August, to the Académie de Médecine a work entitled "The Cure of Diabetes Melitus and Glycosuria by Bromide of Potassium"; and now we have before us the report of the commission appointed to inquire into that paper. From a therapeutical point



of view, the numerous theories of diabetes may be divided into three classes, according to the report. The alimentary, hepatic, and nervous theories are the names adopted. Each of these hypotheses has had its own therapeutics. M. Felizet believes that he can cure diabetes with bromide of potassium. His belief is based on the results of clinical and experimental researches. Glycosuria induced by puncturing the floor of the fourth ventricle of rabbits ceased sooner under the administration of bromide than when left alone.

**SULPHUR FUMIGATION IN CHOLERA DISTRICTS.**—Dr. John E. Tuson, of Calcutta, writes to the *Lancet*: Since 1872 I have steadily advocated this method of disinfection in India by means of sulphurous acid. At Bombay, during the last epidemic there, it was adopted, and the disease ceased almost immediately after the fires were kindled, with such immunity from it as had not been known for five years. In 1882, when cholera was very virulent at Dumdum, and in all the villages near the cantonments, till at last it appeared in the Sudder Bazaar, sulphur fires were adopted extensively. The disease ceased in a most marvelous manner, and not a single case occurred in the Border Regiment stationed there. Sulphur fires should be kept burning through the streets for several days, at distances of twenty or thirty yards, where cholera is virulent. Every house where cholera has occurred should be evacuated and thoroughly disinfected with sulphurous acid, and the floors and walls disinfected with carbolic acid or phenyle. Furniture should be taken out or covered, as the fumes might fade the colors. A very easy means of disinfection of houses can be effected by the inhabitants evacuating them temporarily, and burning sulphur for a few hours, or in different rooms alternately. Street fumigation is not sufficient, but it can be pushed still further by burning sulphur in all infected houses, streets, or gullies. Liquid sulphurous acid might be sprinkled on walls and floors. The measure has been entirely effectual in India.

**DIAGNOSTIC VALUE OF UTERINE HEMORRHAGE AFTER THE MENOPAUSE.**—Dr. T. Gaillard Thomas states, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases where

women who have passed the change of life have begun to menstruate regularly again; but such accounts are altogether deceptive, and, if these cases should be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as a return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there was no indication of any external disease, I applied the curette to the endometrium and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report he gave was that the growth was not malignant in any respect, but simply a form of polypus. I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.

**AMERICAN SMUTS.**—Prof. Farlow, in some notes on Ustilagineæ, gives the first account of American Entylomata, his list including eight species, one only of which appears under another genus in earlier lists. Four of these are, for the present, described as new, though two may prove to be identical with species growing on the same host genera in other countries. One is doubtfully considered to be a form of a European species; the balance occur also in the old world. Two American species of Cornu's new genus *Doassansia*—*D. Farlowii* Cornu and *D. epilobii* Farlow—are recorded; the former in the ovaries of *Potamogeton*, the latter in leaves of *Epilobium*.—*Science*.

M. G. MEYERS, of Paris, is stated to have invented an incombustible paper, which in addition to its power of resistance to extreme heat has the merit of preserving its normal appearance under the action of fire. The utility of such a material is obvious. Among other purposes to which it may advantageously be applied, is the construction of non-inflammable theatrical scenery, the combustible nature of which, as at present in use, has contributed so largely to disasters from fire in places of scenic entertainment.



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, OCTOBER 20, 1883.

Original.

HAY-FEVER.

BY R. MAUPIN FERGUSON, M. D.

*Physician to Eye, Ear, and Throat Department of Louisville City Hospital.*

The seriousness of the affection known as hay-fever is appreciated by few who have not suffered the intolerable torments of the disease, or been in close relationship with those who have.

To the great majority of people, and even to a not inconsiderable number of the profession, hay-fever, through ignorance, is considered to be merely a summer cold, a trivial affection, and one of a somewhat comical character.

The disease does bear a most marked resemblance in its symptoms to an ordinary aggravated cold; but, from its prolonged course of six weeks or more, its sleepless nights, its asthmatic attacks, and the constant irritation of the nervous system, it exhausts the vital energies, destroys all pleasure, substitutes wretchedness, interferes with business relations, and lessens the period of useful life at least one eighth. To be sure, this disease, like all others, varies in intensity. Some cases are very mild, and exceptionally, after an annual recurrence for a few years, may cease altogether. Other cases are, however, so severe that during the disease the sufferer bears almost inconceivable torments, the entire system becomes implicated, life itself is sometimes threatened, and is always for the time being a burden.

I have been told by several hay-fever sufferers of death having actually taken place from this affection, but am not certain that the fatal termination may not have been due to other causes. Whether any deaths have or have not been reported, I feel certain that, superadded to any serious disease or to a

weakened condition, it could easily have a fatal termination. It is generally considered a local affection. The general system, however, is profoundly affected, whether primarily or secondarily I am not able to say. This is evident from the accelerated action of the heart, running up at times to one hundred and twenty per minute, respiration being also accelerated to twenty or thirty per minute; by the indefinite muscular pains resembling those which are such frequent accompaniments of malarial affections; by the nocturnal wakefulness, profuse diaphoresis without obvious cause, generally at night, great listlessness, absent-mindedness, dullness, etc.

In giving the symptoms of the disease I shall be guided mainly by those which I have noted in my own person. For five consecutive years I was attacked by the disease. Then I escaped it for two years, being in Vienna one summer, where the disease is scarcely known, and being in London the next summer, where the disease is very common. The next summer I was attacked in New York, and this year I have had another attack in Louisville. I have thus had ample facilities for studying thoroughly one case, at least, and have acquired a personal and intimate knowledge of all the symptoms.

It begins almost invariably on a certain day; thus I look forward to being attacked with hay-fever on the 17th of August with almost as much certainty as I do to hearing the explosion of Young America's cannon on the 4th of July. It begins with sneezing, which at first is rather agreeable than otherwise; but in a short time the symptoms of a cold in the head come on and with such severity as to make life utterly miserable. The sneezing continues, and becomes so violent that the entire body is convulsed at each sneeze, the nervous excitability becoming almost a frenzy, and leaving the body com-



pletely exhausted. The nasal secretion at first is perfectly clear and watery, and remains so for a week, ten days or more, and so profuse, especially during the paroxysms, that a fresh handkerchief lasts but a few minutes. The eyes are affected from the beginning, and in many persons this is a most trying symptom. The eyes become exceedingly irritable with lachrymation and photophobia.

Hay-fever is pre-eminently a paroxysmal affection. During the entire course of the disease there is constantly that heaviness and dullness which renders a cold in the head so notoriously disagreeable, together with weakness and a complete want of elasticity both bodily and mental. To this condition the paroxysms are superadded. Generally they are brought on by some irritant, frequently so slight in character as to produce absolutely no effect on healthy individuals. Thus, a change from a dark room to a light room, the gleam of sunlight through the shutters, any bright light, a slight breeze blowing on the person, brushing the hair, entering a cool room, the dust of the street, etc., bring on the paroxysms, which are evidently of a reflex nature. Sometimes for a longer or shorter period, varying from an hour or so to one or two days, these irritants seem powerless to bring on a paroxysm. At times the paroxysms drive one almost frantic, the eyes filling with scalding tears, there being a dreadful itching and tickling sensation in the nose which causes the most violent sneezing, or, what is worse, keeps the sufferer in a condition of intense suffering while waiting for a sneeze for minutes, which seem as hours at such a time. Such paroxysms continuing for a short time produce a state of nervous excitement bordering on frenzy.

In about two or three weeks the nasal passages become almost or completely occluded by the thickening secretion and the swelling of the mucous membrane. From this time on the paroxysms of sneezing are not so severe, nor are they so frequent. The occlusion of the nasal passages is, however, most distressing, as respiration both by day and night is carried on exclusively through the mouth, causing the lips to become very dry, to crack open, and leaving a very disagreeable taste in the mouth. The swelling of the mucous membrane probably affecting the eustachian tube, and the accumulation of mucus, produce partial deafness, and by inducing variations in the intra-labyrinthine pressure cause a stagger-

ing to the right or left. Thus a patient swallows, and the changes in pressure caused thereby cause him to stagger from the inside of the pavement to the curb, and then he continues on his way as usual. Gradually the affection extends to the larynx, trachea, and lungs. The larynx is generally more or less affected during the entire disease, as is indicated by changes in the voice; generally it is both hoarse and weak, but is sometimes completely extinguished, leaving the patient aphonic. As the disease extends downward to the lungs a most distressing cough begins, and the asthmatic attacks make their appearance. This cough is at times so violent and persistent as to lead to complete prostration. Thus I have at times coughed persistently during almost the entire night, effectually banishing sleep, and producing such prostration that the skin would be covered with a cold sweat. Sometimes these spells of violent coughing cause emesis. With regard to the asthmatic attack in hay-fever, nothing in particular need be said excepting that they vary in intensity in different cases, and in the same case in different years. The asthmatic attacks in hay-fever are sometimes just as violent and distressing as those occurring without such relation.

These are the general symptoms of the disease. There are, however, certain local phenomena which from their constancy deserve mention. Among these may be mentioned an itching sensation at the caruncle, and just along the ciliary margin of the lids below the ciliæ. A most distressing itching sensation, at times almost driving one to desperation, affects the mucous membrane of the hard palate just in front of the uvula. Violent but vain efforts are made to obtain relief from this by scratching the roof of the mouth with the tongue. A similar and very annoying itching sensation is also at times present in the depth of the ear, causing the introduction of a finger in the meatus and its violent shaking. There is also often an abnormal sensation about the face and scalp. It is not an itching, but a feeling like cobwebs over the face, and causes a rubbing of the forehead and scalp with a slow movement, at the same time considerable pressure being made with the hand. These peculiar maneuvers are so characteristic that I believe the diagnosis could almost be made by them alone.

With regard to the cause of the disease, I confess I know nothing. That it is caused by pollen, however, I can not believe, for



in microscopic examinations, which I have frequently made, I have uniformly found an entire absence of pollen from the nasal secretions. Epithelium in various stages of degeneration, lymph cells and granules, and fat granules were the only constituents, and these varied in quantity according to stage of the disease and character of secretion.

Occasionally, in an examination lasting for an hour or more, I have come across a single bacillus, or perhaps two or three. In examinations of the sputa, I have found them in considerable number. Here, as in so many other cases, the question as to whether they be merely accidental, due to the presence of a suitable nidus, or whether they be the causative agents is to be decided. I think it extremely doubtful whether any importance whatever is to be attributed to their presence. By some the disease is supposed to be of a malarial character. It, however, has resisted anti-malarial treatment in my own case and in several others with which I am acquainted. Quinine was taken for a month and a half, in doses of five grains daily, in endeavor to ward it off, without avail. During the disease large doses, as much as twenty grains daily, and continued for two weeks, were taken, but with no benefit. The spray of quinine I found not only of no use whatever, but decidedly irritating. Fowler's solution was perseveringly taken for more than a month before the expected attack, and continued during the attack without any benefit.

Various other methods of treatment were pursued, but in my own case the number of drugs taken has only been equaled by the number of absolute failures.

Dark glasses alleviate the photophobia and protect the irritable conjunctiva from irritants. Atropiæ sulph., gr.  $\frac{1}{240}$ , morph. sulph., gr.  $\frac{1}{8}$ , given hypodermically, allays to a certain extent the irritability of the nasal mucous membrane and dries up the nasal secretion, which by its profuseness is exceedingly annoying. The effects of the atropia are, however, exceedingly disagreeable, and it is not advisable to have too frequent resort to morphia. Patients should keep their rooms as much as possible, where the equable temperature, moderated light, and absence of dust and other irritants render the paroxysms much less frequent, and the condition altogether much more comfortable. An early flight north or south, a trip to sea, or the ascent of some of the mountains is almost certain to give immunity. Some patients, however, are relieved

by going to one point, and others fail to obtain complete or even any relief by going there. A sea voyage far from land is the most certain, but doubtless all can obtain relief by going sufficiently far north. The cough and asthma are to be treated on general principles; but, if I may judge from my own experience, medication will be found of little use until cold weather sets in.

The theory of Dr. Poe, which I had the pleasure of reading in the Louisville Medical News a short time since, that the affection is due to disease of the vascular mucous membrane covering the inferior turbinated bones, and to a reflex action of this disease in other organs, I think exceedingly probable, and hope that other investigators may turn their attention in this direction.

That asthma may be produced by nasal polypi is now a recognized fact, as well as that such cases are cured by removal of the tumor. This renders it exceedingly probable that in hay-fever, where the mucous membrane is so swollen as to completely occlude the nasal passages, the asthma may have a similar origin, especially as the asthmatic attacks do occur later on in the disease, when the swelling of the membrane is excessive.

Kratschmes has shown that an irritant acting on the nasal mucous membrane affects the heart and lungs by reflex action, and that this reflex action originates in the trigeminus.

Dr. Poe observes that in cases where the hypertrophied or diseased tissue over the turbinated bones has been modified by treatment between the attacks, the hay-fever has been much milder or completely relieved, and that a radical cure has followed the removal of this tissue by snare or galvano-cautery. It is to be hoped that this observation may be corroborated.

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IN the *Journal de Médecine de Paris* are collected the results obtained by several observers in the prevention of abortion and premature labor by asafetida. In ninety per cent of the cases so treated the patients (who had aborted from two to five times in former pregnancies) went on to full term.

A CASE of suppression of urine in a child, lasting five days, with recovery, is reported by Mr. Herbert E. Paxon, in the *Lancet* of September 29th.

IRISH wakes are relics of penal times, when it was made impossible for a priest to meet his flocks, except in disguise, five pounds being offered for his head.



## Miscellany.

**A REMARKABLE CASE OF OBSTETRICS.—**ABORTION AT TWO MONTHS AND QUADRUPLETS AT FULL TIME.—Drs. Edwards and McTaggart, in a report (Canada Medical Record) say: On July 21, 1883, we were called to Mrs. S., small of stature, aged thirty-eight, weight one hundred pounds. She thought herself but five months *enciente*, but from her history and condition it was evident that she was seven months pregnant. She last menstruated on December 4, 1882. About seven weeks from this time she commenced to flow, which lasted for some three weeks, accompanied by pain. With a pain resembling a labor pain something was expelled, which she described as a lump of flesh with blood-vessels in it. To this "lump" was attached a short string. At this she became alarmed, and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine which he said would check the flow and cause the expulsion of any thing that might remain. From her account the flow increased for a few days, then finally stopped. From this time until Friday, the 14th September, 1883, she has been, comparatively speaking, quite well, although distressed by the immense size and weight of the abdomen. On the evening of this date (Friday, 14th September,) she was delivered of four living children, two boys and two girls; the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces. Weight of males, four pounds nine and one quarter ounces, and four pounds three ounces; females, four pounds six ounces, and three pounds thirteen and three fourths ounces. Labor terminated favorably, there being no hemorrhage to speak of. There was but one placenta, each cord being inserted at different parts of its surface. The quartette are now six days old, all healthy, able to nurse, and bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child.

**GERMAN SURGERY.**—A correspondent (Surgeon M. D. Jones, U. S. Navy,) writes to the St. Louis Courier of Medicine from Berlin: Why an American should come here to learn surgery is beyond my comprehension. Let any fair-minded man walk

through the surgical wards of Billroth or Albert, or attend the clinics of these gentlemen, and he must admit that we have nothing to learn from the Vienna school in that branch of science. That order found in our hospitals seems to be wanting—the bandages and splints are not applied with the same neatness and dexterity, and more of a disregard for human life prevails than with us. One day last March, I happened into Billroth's operating-room just after he had removed an enormously enlarged thyroid gland from a woman apparently thirty years old. The weather was raw, both in and out of doors, and to add to the discomfort the floor of the amphitheater was wet. After the dressings were applied, the patient was placed on a cot preparatory to being transferred to the ward. A delay occurred, I will not venture to say how long, and in the meantime she lay with no cover except what her chemise and stockings afforded, though a blanket was conveniently near, if the assistant had thought to make use of it. It is unnecessary to say what the result of all this was. Another case of surgery witnessed: The patient, a man of about forty-eight, was being asphyxiated from a growth in the larynx. Prof. Schrötter, after using the ether spray over the trachea, proceeded to perform tracheotomy. Every thing got along slowly but comfortably, until the patient began gasping, and the assistant reported the pulse nearly gone. Soon respiration and pulse were absent. The professor began working more vigorously, and after an unconscionably long time the trachea was opened and the tube introduced. Then began a remarkable performance at resuscitation. Cold water was squirted from a syringe over the epigastrium. Artificial respiration, after the manner of whom I know not, was tried. Electricity was suggested and employed to no purpose. Schrötter then left the room with the remark that the case was hopeless. The assistant then set to work, and what he left undone in the way of rupturing the dead man's liver, spleen, and stomach, was fully accomplished by a buxom German, a friend of his. We who were present felt that had a bold plunge of the knife been made earlier, the man's life would have been saved, after the pulse and respiration had ceased.

**SUDDEN DEATH FROM FRIGHT.**—Dr. John Roche, in the Lancet: In the case of sudden death from fright, given by Mr. J. E. Cooney in the Lancet of September 1st,



the post-mortem appearances were exactly those which would be found after death following division of both pneumogastric nerves; the lungs were not so gorged as they would be after suffocation by pressure on the trachea, and the right side of the heart was more distended with blood than it would be after death from narcotic gases, drowning, narcotic poisoning, or syncope.

On December 31, 1870, I was summoned (some fifty miles in direction of Beloochistan) from Kotree, India, to ascertain the cause of death of a man who was seen struggling (wrestle ways) with another the day previous, and suddenly fell dead. The external appearances presented no marks on the body excepting a slight abrasion on the scrotum, and a blue discoloration on the right side of the larynx. All the internal organs were healthy; the heart and lungs were anemic or exsanguine. The cause of death was explained to be violence to the testicles, inducing syncope, and pressure on the side of the larynx, excluding air, and hence the absence of the congestion of the lungs and right side of the heart. I agree with Mr. J. E. Cooney that death in his described case was due to emotion conveyed to the brain and medulla, but which thus became so intensely occupied that no message was sent through the vagi. There was an arrest of breathing, and there was no perception of its objective necessity; a consequent stoppage of circulation through the lungs and distension of the capillaries, veins, and right side of the heart. The heart stopped, not because it was inhibited through the vagus, but on account of an insufficient arterial stimulus to its ganglia to keep it going. The right side of the heart seems to have been literally choked *ex fronte*.

**A VENERABLE DAME.**—At Aubérine-en-Royans, a village in the Dauphiné, situated between Valence and Grenoble, may be seen an old woman, living in a hut in a narrow street, who has reached the extraordinary age of one hundred and twenty-three years. She has no infirmity except slight deafness, being in full possession of her mental faculties. Her age as given above is authentic, and according to her marriage certificate she completed, in January last, her hundredth year since marriage. The old lady was a "cantinière" under the First Empire, and had two sons killed at the battles of Friedland and in Spain. She is supported entirely on the alms given her by

visitors who go from great distances to see her as an object of curiosity, and her neighbors help her to do her household work. She lives almost exclusively on soup made with bread, to which is added a little wine and sometimes a little brandy. Dr. Bonne, who practices in the neighborhood, states that she is never ill. Her skin is like parchment, but she is comparatively upright, and is of scrupulously clean habits.—*Lancet*.

**GREEN OYSTERS.**—In the Biological Section of the recent meeting of the British Association for the advancement of Science, at Southport, Professor Lankester, F.R.S., gave an account of an investigation he had made into the coloring matter of the green oyster. (*British Medical Journal*.) The cause of the green color in the oyster was decided fifty years ago by a French oyster-cultivator, who was in the habit of producing them for the Paris market. This gentleman found that in the ponds in Normandy in which these oysters were produced there was always a green deposit. He thought it was a vegetable substance, and called it *Vibrio ostrearis*. It has since been maintained that it resulted from the contact of the oyster with copper, and it had been alleged that cases of poisoning had in consequence occurred. The explanation, though plausible, as there were minute quantities of copper in the tissues of the oyster, was not the real one. The green substance to which he had referred had been found to be living protoplasm. It came from a microscopical organization known as the *Mavivula ostrearis*. This organism was swallowed with the water by the oyster, was absorbed into the blood, and the coloring matter was deposited on the surface of the gills and the labial tentacles. It imparted no particular flavor to the oyster, for he would defy any man to distinguish between the green oyster and the white one with his eyes shut.

**UNREASON AND INSANITY.**—People with very strong opinions and prejudices are seldom those whose mental balance is of the strongest. (*British Medical Journal*.) Of such a nature was the unhappy shoemaker of Rotherhithe who committed suicide last Friday. The published evidence at the inquest gives a quite insufficient motive for this act of "temporary insanity," as the jury described it; but there were some circumstances in the deceased's career which may conceivably have had much to do with his desperate act. He was a "staunch anti-



vaccinator," and had braved the law on a number of occasions to maintain his "principles." Not even the loss of his wife and two children from smallpox brought conviction to his mind, nor the death of a man whose clothes he borrowed to attend their funeral, and who subsequently sickened and died of smallpox, caught, no doubt, from the infected clothes. But for the last six months of his life he had been unwell, and appeared very strange in his manner. The germs of unreason which had revealed themselves in his obstinate disbelief in vaccination, were doubtless brought into undue activity by the business troubles which seem to have recently weighed upon the unfortunate man, with the tragic ending recorded in Monday's daily papers.

**MEDICAL SOCIETY OF INDIANA.**—The following is the programme of the eighth annual meeting, to be held at the Knights of Honor Hall, corner Spring and Maple streets, Jeffersonville, Indiana, Tuesday, October 23, 1883. The society convenes at 10 A. M. and 1.30 P. M.

1. Reading the minutes of the previous meeting.

2. Report of Committee on Practice, Materia Medica, and Therapeutics—Drs. J. L. Stewart, D. McClure, and Jas. M. Davis.

3. Report of Committee on Obstetrics, Diseases of Women and Children—Drs. N. Field, J. M. Kirkwood, and G. M. Covert.

4. Report of Committee on Surgery—Drs. W. N. McCoy, W. A. Clapp, and S. C. McClure.

5. Paper by M. F. Coomes, M. D., Louisville.

6. Paper by E. R. Palmer, M. D., Louisville.

7. Paper by Geo. L. Curtiss, M. D., Jeffersonville, Indiana.

8. Address of President.

9. Paper by Wm. Bailey, M. D., Louisville, Ky.

10. Report of Committee on Physiology, Hygiene, and Toxicology, by Drs. R. S. Rutherford, T. C. Neat, and H. C. Fouts.

11. Report of Special Committee on Microscopy—Drs. Sloan, Nutt, and Sheets.

12. Paper by E. D. Laughlin, M. D., Orleans, Indiana.

13. Paper by T. P. Carter, M. D., Orangeville, Indiana.

14. Paper by W. D. Fouts, M. D., Jeffersonville, Indiana.

15. Paper by E. P. Easley, M. D., New Albany, Indiana.

Oral communications.

The officers are: President, Chas. Bowman, M. D., New Albany; Vice-President, W. D. Fouts, M. D., Jeffersonville; Secretary, T. A. Graham, M. D., Jeffersonville; Treasurer, W. N. McCoy, M. D., Jeffersonville. Committee of Arrangements: I. N. Rudell, M. D., W. H. Sheets, M. D., S. C. McClure, M. D., Jeffersonville, Indiana.

This is a vivid and vigorous body, and its meetings are always profitable.

**LIFE-SAVING.**—Doctor Thomas, of the Humane Society of New York, came to the stand, says the Louisville Commercial, in a late meeting in Louisville, in response to an invitation from the chairman, and addressed the meeting as follows:

*Ladies and Gentlemen*—We are working together in the good cause of making life safe. I belong to the Life-saving Society of New York, which is doing a grand work. The method we have adopted to make life safe is this: We all wear a badge like this (exhibiting a large gold badge worn over his heart), which gives us authority to save life and prevent danger.

The way we do it is, when we see life in danger, to simply show the badge, and the life is at once saved. For instance: When we see boys throwing stones on the street, we simply pull back our coats, show our badge, and no harm is done whatever. A simple twist of the wrist. Then we have a way of tapping with a cane on the sidewalk; we tap twice, and if a hodful of bricks is falling on a man's head from a five-story building, his life is at once saved, and the danger averted. If, again, my brethren, we find a person drowning, we may either tap with our canes or simply show our badge, and the person is immediately arrested. I have even known a furious bull dog, on a still-hunt after a human calf, paralyzed in his tracks by tapping one of our canes, or by simply showing the badge which gives us authority to save life. Now, we want to make life safe every where. We want to make Kentucky one of the safest States in the Union; and you know she has not a reputation at present for being very safe. Let us all work together in our great mission, and make life safe and prevent danger.

**AN AGED PHYSICIAN.**—It is reported, says the "Lancet," that Dr. Jackimovicz, of Jarvszinka, in the government of Kiew, Russia, has just died at the aged of one hundred and six, and that he was able until near the close of his life to superintend the working of an extensive practice.

M. CHEVREUL, the venerable member of the Academy of Sciences in the Section of Physics and Chemistry, has just entered his ninety-eighth year. His mental faculties are quite sound, and he attends regularly the meetings of the Academy.



**LADIES' DRESSES.**—If, instead of hanging a quantity of loose clothes round the legs, the garments covering these extremities were chiefly close-fitting, the weight of the clothing might be very much lessened, because when close to the body they preserve the warmth much better than when surrounding the legs loosely. (British Medical Journal.) The principle of dual garments might be carried on without altering the external appearance of female dress; for, with the use of warm, close-fitting drawers or trousers, the outer skirts might be made in the usual manner, but of much less thickness and weight. Many ladies now wear neither stays nor suspenders, and yet experience no difficulty in supporting their skirts, chiefly upon the hips.

**LUMBRICUS IN THE LIVER.**—Dr. Oks, of Rasgrad, Bulgaria, describes in the *Vratsch*, says the British Medical Journal, the case of an almost moribund phthisical patient, who was seized with vomiting and icterus. The liver was much enlarged. After death, the usual appearances of advanced phthisis were discovered. All the biliary ducts were dilated, and the common duct was occupied by a large female lumbricus; one extremity of its body hung free into the duodenum. Deep in the substance of the liver a smaller male lumbricus was found, impacted in a biliary duct. This is a rare but not entirely unknown complication of a parasitic disease.

**REMARKABLE FECUNDITY.**—Dr. F. P. Atkinson writes to the British Medical Journal as follows: "I have just come across a somewhat remarkable, well-authenticated instance of fecundity. The lady, who was of good position, married at sixteen years of age and died at sixty-four. She had thirty-nine children (all by the same husband, whom she survived), thirty-two daughters and seven sons, and they were all single births except two, which were twins. An interesting point is that all the children lived to attain their majority."

**DR. THOMAS COLCOTT FOX**, a brother of Tilbury Fox, has been appointed physician in charge of the Skin Department, Westminster Hospital. A better appointment could not have been made.

**A NEW MEDICAL COLLEGE IN CINCINNATI** has been organized under the title of The Medical University of Ohio.

**THE PHILADELPHIA MEDICAL TIMES.**—The editorship of this journal has been changed, and Dr. Frank Woodbury has been promoted to the position. The publishers of the Times have acted wisely, and the readers of that journal are to be congratulated on Dr. Woodbury's election.

**RELIGION AND SCIENCE.**—In connection with the recent meeting of the British Association many sermons were preached by leading members of the Church and the various Nonconformist bodies, several of whom are themselves eminent scientists. (Lancet.) The Bishops of Liverpool and Carlisle dwelt specially on the relation of religion and science. The Bishop of Carlisle is stated to have said: "If we could see perfectly, perhaps the knowledge of God and the knowledge of nature were one." It must be so; if God is the God of nature, the Creator must be known in and by his works. It seems strange that any should fear the advancement and extension of knowledge as a possible antagonism to the truth. All truth must be harmonious. The only contradictions are "the oppositions of science *falsely so-called*."

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from October 6, 1883, to October 13, 1883.

*Hammond, John F.*, Colonel and Surgeon, leave of absence on Surgeon's certificate of disability, granted April 2, 1883, extended six months on Surgeon's certificate of disability. (Par. 7, S.O. 231, A.G.O., October 8, 1883.) *Swift, Ebenezer*, Lieutenant Colonel and Assistant Medical Purveyor, under the provisions of section 1 of the act of Congress approved June 30, 1882, is, by operation of law, this day retired from active service, and will proceed to his home. (Par. 4, S.O. 231, A.G.O., October 8, 1883.) *Hartsuff, Albert*, Major and Surgeon, granted leave of absence for fifteen (15) days. (Par. 2, S.O. 205, Department of the Missouri, October 6, 1883.) *Meacham, Frank*, Major and Surgeon, assigned to duty at Fort Douglas, Utah. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Cronkhite, H. M.*, Captain and Assistant Surgeon, assigned to duty at Fort D. A. Russell, Wyoming. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Weisel, Daniel*, Captain and Assistant Surgeon, assigned to duty at Fort Fred Steele, Wyoming. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Arthur, W. H.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Douglas, Utah. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.) *Strong, Norton*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Washakie, Wyoming. (Par. 3, S.O. 109, Department of the Platte, October 6, 1883.)



## The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - } Editors.

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### THE CHOLERA IN EGYPT.

The Medical Times and Gazette, of September 29th, gives a very interesting summary of Surgeon-General Hunter's recent report on the cholera epidemic in Egypt. It contains many curious and significant facts, and presents the sanitarian with much food for reflection. Traveling by special railway service, the officer visited many cities and villages of this historic land, and found in every one of them evidence of the grossest violation of all sanitary laws. Rivers and canals are here made the common receptacle for filth of all kinds, privies being built over them in all practicable instances, and the carcasses of dead animals being invariably tumbled into them. Thousands of dead animals are seen by travelers along the lower Nile, and from the Damietta branch of this river no less than five hundred and sixty-eight carcasses of cattle, dead from an epidemic of typhus, were removed, to say nothing of portions of many more which had fallen to pieces in advanced decay. When the low and flat features of the country about the Delta of the Nile are taken into account, with the consequent sluggishness of the streams, whose water stagnates in innumerable bayous and pools, and rapidly evaporating, leaves along the shore a margin of decaying matter to breed malaria under

the heat of a tropic sun; and further, when it is noted that the river is the only source of water-supply to the inhabitants, who must take it directly from the streams and pools, or from wells into which it has percolated through a soil already saturated with filth, it is no wonder that cholera should find here a fitting place of birth and a wide field for its work of death.

The cemeteries, every where a menace to those who live in their vicinity, are here a "most prolific source of disease." "The dead are put into hollow structures, about six feet by four, made of sun-dried bricks and mud, the floor being on the ground level. Into these the dead bodies are thrust, one after another as occasion arises, until the place is full." These structures are nothing less than ovens which the sun heats up to a degree most favorable for the rapid decomposition of the bodies within, which, fermenting and festering, pour forth volumes of stench intolerable to any but Oriental noses, and load the air with the germs of disease which by the winds are scattered far and wide.

The hospitals are, almost without exception, in a tumble-down condition, abounding in filth and redolent of foul odors; in fact, noisome places utterly unfit for the reception of human beings.

The medical administration is peculiar, and its members, if not guilty of eccentricity, might be forced to confess to a slight bias in the selection of their patients, since none but a few of the wealthy or better class of people are, during the epidemic, ever seen alive by these gentlemen.

The village barber is the registrar, and, as he never sees a sick person except by accident, he takes, when a death is reported, the opinion of the patient's family or friends as to the disease which caused it. Statistics built up from such reports are of course worthless.

Looking closely into some of these mortuary reports, the Surgeon-General found that for a long time many cases had been



entered as having died from cholera; and questioning cautiously on this point a number of medical men, he satisfied himself that these cases presented in their history characters identical with true cholera. From these and other investigations he is inclined to the opinion that cholera has been epidemic in Egypt ever since the outbreak of the disease in 1865.

Dr. Hunter believes that the facts brought to light through his survey of the infected region establish so clearly the indigenous character of the disease, that it is "hardly worth while to discuss the oft-repeated and oft-refuted story of the importation of cholera from India into Egypt." This conclusion is strengthened by an able report, which he appends, from Drs. Ahmed Chaffey Bey and Salvadore Ferrari, who, with strong prejudices in favor of the foreign-importation theory, were compelled to abandon it after a very careful and thorough investigation of the question.

Atmospheric phenomena, which, if the observers were not deceived, are characteristic of a cholera epidemic, are also mentioned and form a most remarkable feature of the report. Mr. Borg, her Majesty's vice-consul in Cairo, told Dr. Hunter that "when cholera was at its height in 1865, in the capital, the sky was lead-colored, the atmosphere oppressive, so as to render breathing difficult at times, and the town of Cairo, as seen from the Mokattan Hills, seemed to be enveloped in a spherical cloud of thick mist during three consecutive days. He also observed that the sparrows deserted the town and did not return until the epidemic was on the decline."

The sanitary officer of the Cairo District, Dr. McDowell, A. M. D., noted, when the present epidemic was at its height, on July 23d, a yellowness of the atmosphere, somewhat of the nature of a fog, the air at the time being quite calm. It was also observed that the sparrows had deserted the town. They did not return until July 26th. Dr. Hunter adds: "It is curious to note that the Arabic phrase for cholera is 'yellow

air,' and that the fact of birds deserting a place at such periods has also been remarked by the natives."

This cholera mist should be carefully studied, for, aside from its scientific aspects, it may prove to be the foundation of some curious superstitions. Doubtless the antiquary will find the phenomenon to be of ancient observation, and that out of it have grown those aerial apparitions which were believed to foreshadow or accompany events of great public calamity, such as plague, famine, and war, and seemed to find full confirmation in comets and eclipses. Since every error hides a truth, it might be easy to show, by natural steps how the imagination of men may rise from the yellow mist over the pestilence-stricken town to the man with a drawn sword above the citadel and armies fighting in the air, or in the comet see a messenger of dread who "from his horrid hair shakes pestilence and war."

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#### NINETY AND NINE.

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Dr. C. C. Graham, of this city, celebrated a few days since his ninety-ninth birthday. He is older than the city of Louisville and than the State of Kentucky. He retains his faculties to a remarkable degree. His carriage is quite erect, his sight is excellent, his teeth are sound and perfect, his memory is accurate, and only his hearing is impaired. He is a great walker, and spends much of his time in geological excursions, and is the possessor of a large and valuable collection of fossils, minerals, and Indian relics. He was the companion of Daniel Boone, was a soldier in the war of 1812, in the Seminole war, and in the Mexican war. He has been a flatboatman, a tavern-keeper, a civil engineer, and a physician. For many years he has not engaged in any business, being possessed of ample means.

His youngest son, aged nineteen, is a student of medicine in the University of Louisville. May our venerable friend live a thousand years and his shadow never grow less.



## Bibliography.

### The Medical Student's Manual of Chemistry.

By R. A. WITTHAUS, A.M., M.D., Professor of Chemistry and Toxicology in the University of Buffalo, Professor of Chemistry and Toxicology in the University of Vermont, Professor of Physiological Chemistry in the University of the City of New York, etc. New York: William Wood & Co. 1883.

This work is divided in three parts. Part I discusses theoretical chemistry and such problems in physics as are indispensable to a fair understanding of what is to follow; part II deals with special chemistry, and part III with laboratory technics. In part I it is pleasant to note the absence of long paragraphs upon problems in physics which the physician will never find use for. Crystallization, spectroscopy, and polarimetry receive, as their importance in practice demands, sufficient attention. In dealing with questions of theoretical chemistry, the author is clear and concise, stating the principles involved in each proposition without argument, and depending largely upon well-executed cuts for further elucidation. In part II toxicology receives full and careful attention, while every substance, inorganic or organic, the chemistry of which can be of any interest to the physician is noted and passed in review. The chapters here devoted to physiological chemistry are especially striking and satisfactory. Part III, laboratory technics, is brief but quite to the point. The author, as in his former works, persists in writing the basic after the acidulous radical in his formulæ for acids and salts, *e. g.*, for sulphuric acid,  $\text{SO}_4\text{H}_2$  instead of  $\text{H}_2\text{SO}_4$ . Whatever may be said theoretically in favor of this custom, the majority of authors do not so write these formulæ; and such a custom, being more or less confusing to the student, may lessen the popularity of the book. The metric system of weights and measures and the centigrade scale of thermometry are employed throughout the work; but, as a compromise with the spirit of this transitional age, the corresponding weights in the English system, and the degrees of temperature calculated in the Fahrenheit scale, may be found in brackets, the old following, each in its proper place, the figures of the new.

The work bears ample testimony to the industry and learning of its accomplished author. Admirable in arrangement and sufficiently full in detail to serve the purpose for which it was intended, the practitioner

of medicine will find in its pages all the information necessary to a proper understanding of such chemical names and problems as he meets in his medical readings, and though perhaps too much devoted to descriptive chemistry for practical use in the laboratory, the medical student will find it an invaluable aid in following a systematic course of lectures.

### Elements of Histology.

By E. KLEIN, M.D., F.R.S., Joint Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. Illustrated with one hundred and eighty-one engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

As an introduction to the study of histology, and as a ready reference book for students and practitioners of medicine, this little work is destined to serve a useful purpose. The ripe ovum of mammals is taken as a typical cell, and, from this starting point, the histology of the body is systematically unfolded in accordance with modern biological ideas. The text is clear, and though the remarks devoted to each topic are necessarily brief, no point essential to the proper understanding of the theme discussed is omitted. The illustrations are numerous and striking though somewhat too diagrammatic for the laboratory student, who, at the beginning of his work, invariably finds that he must unlearn much that the books have taught him. Especially is this true of the pictures found in histological works, which develop and amplify the structures to a degree never realized in the best histological preparations obtainable. This, however, is a common fault, and not so conspicuous in this as in many other works which we have seen. We assure our readers that the book will well repay perusal.

**The Treatment of Wounds:** Its principles and practice, general and special. By LEWIS S. PILCHER, A. M., M. D., member of the New York Surgical Society. With one hundred and sixteen wood engravings. August number of Wood's Library of Standard Medical Authors, for 1883. New York: William Wood & Co.

The thoroughly practical character of this book is its chief recommendation. It is divided into two parts. Part I dealing with the general principles involved in the management of wounds, and part II with special wounds and their treatment. In discussing the subject at hand, the author has availed himself of all the substantial truths



evolved from the vast work-shop of surgery during the last ten or fifteen years, and, combining these with older and commonly accepted principles, gives them to the reader in a systematic manner and attractive form.

Physicians and surgeons, who have subscribed for the Library of Standard Medical Authors for this year, will find this book to be one of the most useful and interesting of the series.

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ON THE ELEMENTS OF PROGNOSIS AND OF THERAPEUSIS IN TUBERCULOSIS OF THE LARYNX. By J. Solis Cohen, M.D., Philadelphia, Pa. Read before the Section of Practice of Medicine and Materia Medica of the American Medical Association, June, 1883. Reprint from Journal American Medical Association.

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## Obituary.

### AN ACADEMICIAN GONE.

Dr. J. Lawrence Smith died in this city, October 12th, in the sixty-fifth year of his age. For many years Dr. Smith was Professor of Chemistry in the Medical Department of the University of Louisville, and, at his death, was a member of its Board of Trustees. He was Kentucky's most eminent citizen, and as a scientist few Americans have been more distinguished. On the death of Sir Charles Lyell, of London, Dr. Smith was elected to the vacancy caused thereby in the Academy of Sciences of France. The honor of membership in this learned body has been bestowed on but few foreigners, and we believe on no other American. He was an ex-president of the American Association for the Advancement of Science, a member of the American National Academy of Sciences, of the Boston Society of Natural History, of the American Academy of Arts and Sciences, of the American Philosophical Society, of the American Bureau of Mines, of the Chemical Society of Berlin, of the Chemical Society of Paris, of the Chemical Society of London, of the Societe d'Encouragement pour l'Industrie Nationale, of the Imperial Mineralogical Society of St. Petersburg, and the Societe des Sciences et des Arts de Hainault. He was a Chevalier of the Legion of Honor and of the Imperial Order of St. Stanislas. He was a member of the Order of Medjidiah, and of the Order of Nichau Iftahar, of Turkey.

Dr. Smith was one of Louisville's most unostentatious citizens. He was gentle, faithful, and liberal. He took always a zealous interest in the Baptist Church, of which he was a member.

Some years since Dr. Smith retired from active pursuits, and for a long while had suffered from poor health. He left a very large estate, the major portion going to his wife, but considerable sums to charitable institutions.

### SURGEON-GENERAL CRANE.

On Wednesday, the 10th inst., the Surgeon-General of the Army died from a hemorrhage, supposed to have been caused by rupture of the lingual artery at the base of the tongue.

He was a native of Rhode Island, but received his appointment as assistant surgeon in the army medical corps from Massachusetts in 1848. He was soon recognized as an efficient officer, and after being promoted first to the rank of captain, and then in rapid succession through the positions of major and surgeon, brevet lieutenant-colonel, and brevet colonel, he was made, in 1865, brevet brigadier-general, as a reward for meritorious services during the late war. In 1866 he attained the rank of colonel and assistant surgeon-general, which position he filled with signal ability, doing a large part of the executive work of the Surgeon-Generals department, until, on the retirement of General Barnes, in 1882, he became surgeon-general. In his death the army medical corps loses an able leader and a faithful friend, and the profession at large one of its most highly esteemed representatives.

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MELLIN'S FOOD—CHANGE OF FIRM.—In the NEWS, September 22d, we made some comments relative to Mellin's food for infants, naming as its manufacturers the well-known firm of Theo. Metcalf & Co. At this time we were not aware that these gentlemen had turned their interest in the celebrated preparation over to Doliber, Goodale & Co., 41 and 42 Central Wharf, Boston, Mass. We hasten to make the correction, and to assure our readers that the above-named manufacturers are gentlemen whose high commercial standing will serve as a guarantee for the maintenance of that superior standard of excellence which has ever characterized the food since its introduction to the profession.



## Selections.

**SURGICAL DISEASES OF THE KIDNEY.**—At the annual meeting of the British Medical Association Mr. Clement Lucas opened a discussion on "The Surgical Diseases of the Kidney, and the operations for their relief," of which the following is an abstract. He commenced by stating that the greatest advances in the treatment which had taken place of late years were those made in the indefinite border-land which separates medicine from surgery. It was in this barren and desolate tract we must look for fresh discoveries. Ovariectomy and the various operations upon the intestines and stomach he put forward as instances of work recently advanced in this territory, but he claimed as the most remarkable incident of this decade, the sudden light which fell upon the profession in its relation to renal disease and the rapid growth and recognition of renal surgery. The credit of having awakened a new interest in renal diseases, and of having, by experiment on the lower animals, made sure of his ground, was due to the late Professor Simon, of Heidelberg, who in 1869 successfully performed nephrectomy for the cure of a fistula of the ureter following ovariectomy. Since then, extirpation of the kidney has been performed upward of a hundred times. The operation of nephrotomy has been much more frequently undertaken; and the removal of a stone from the kidney, which used only to be attempted when a sinus or tumor existed, has been several times successfully performed before the kidney had suffered any severe damage.

In casting a glance over diseases of the kidney to determine which might admit of surgical treatment, it was necessary to exclude at once all such diseases as attack equally the two organs; hence, the various degenerations, included under the name of Bright's disease and lardaceous disease, must ever remain outside the province of renal surgery. On the other hand, conditions which disturb the functions of one organ only for the most part admit of relief by operation.

*Painful moving or floating kidney*, being only a mechanical disturbance, admits of relief only by mechanical means. Simple exploration and replacement through an incision in the loin would probably be found sufficient in the majority of cases for the cure of this condition, the adhesion result-

ing serving to retain the organ in position. Stitching of the capsule to the parietes, or, as it is termed, nephraphy, is a somewhat serious, but still simple undertaking. In eight cases in which it has been performed the patients all recovered and were relieved. There might still be cases where intense suffering was experienced and where the other means had failed which would suggest nephrectomy. Martin, of Berlin, had in six cases removed floating kidney through the peritoneum, and four of these recovered.

*Hydronephrosis*, a dilatation of the pelvis and calices of the kidney with watery fluid as a result of obstruction below, admitted of surgical treatment when one-sided. After detailing the various conditions of the ureter, congenital and acquired, which might give rise to this condition, the author suggested these cases should be first aspirated, then cut down upon and drained through the loin; the cyst-wall being stitched to the parietes. Finally, should the fistula fail to close, the remains of the kidney might be returned through the loin.

In women these tumors had been often mistaken for ovarian tumors, and had been operated upon as such. Being movable and not forming adhesions till late, some might advocate ventral nephrectomy for these cases before drainage, but such treatment would entail more risk than the method advocated. Abdominal nephrectomy for hydronephrosis will, however, show better results than nephrectomy generally.

*Large isolated cysts of the kidney* having no communication with the pelvis were rare. They should be aspirated and afterward drained through the loin.

*Hydatids of the kidney*, also rare, had a tendency to discharge themselves through the pelvis. When forming tumors, they could generally be cured by aspiration or syphon-tapping.

*Pyonephrosis*, which resembles hydronephrosis anatomically, but contains pus instead of urine or watery fluid, when unilateral falls under renal surgery. The double pyelitis, with suppuration and distension, which commonly resulted from stricture and enlarged prostate, the author said was inappropriately named "surgical kidney." He suggested the term *reflux pyelitis* as better expressing this condition. Reflux pyelitis, when one-sided, was due to some obstruction in the ureter, and then often gave rise to a large pyonephrosis. Other causes of unilateral pyonephrosis were calculus and strumous pyelitis. After speaking of the diagnosis



and stating that these tumors were more adherent, and gave rise to more pain and constitutional disturbance than hydronephrosis, he said that nephrectomy for pyonephrosis had been performed twenty-eight times, and of these seventeen recovered and eleven died; but it was most worthy of notice that among these twenty-eight cases six had previously discharged their contents through a fistula in the loin, and all these recovered. Hence, he argued, it was better to drain a pyonephrosis before performing nephrectomy.

*Neoplasms* of the kidney could only be treated by nephrectomy; and if this were performed early there might be a good chance of permanent benefit. Generally they were too large to be removed except through the peritoneum; but of five cases removed through the loin, four recovered. Out of sixteen removed by ventral incision, ten died and six recovered.

*Calculus of the kidney* offered an excellent field for surgical interference, but the difficulty was to make sure of the diagnosis. Many cases of supposed calculus would turn out to be strumous kidneys. Two cases were related in which the kidney was explored and even deeply punctured, but no ill result or rise of temperature followed, and the wounds healed primarily. Several cases of nephro-lithotomy were recorded in the Clinical Society's Transactions, and two such operations had been performed successfully at Guy's Hospital during the present year. When the kidney was much dilated and damaged it would be a question whether it might not be better to remove it.

After briefly alluding to *Injuries to the kidney*, which, though not included under the title of the paper, might suggest nephrectomy, the author proceeded to speak of some details in operating. He recommended for the lumbar operation a combination of two incisions which he had employed, as giving the most room, viz., an oblique incision higher than the colotomy incision, within about half an inch of the last rib and parallel with it, and a vertical incision on the outer margin of the quadratus lumborum, extending from the upper edge of the last rib to the iliac crest. For the transperitoneal operation Langenbuch's incision external to the rectus muscle was to be preferred to the median incision, as it enables the operator better to reach the kidney through the outer layer of mesocolon.

In conclusion, he urged that antiseptic

exploration of the kidney through the loin is a simple and not at all a dangerous operation, which may be undertaken without anxiety in any case where calculus is suspected; that it is generally wiser to tap and drain fluid tumors of the kidney before proceeding to remove the diseased organ; that, when nephrectomy is decided upon, the extraperitoneal operation through the loin should always be chosen for any tumor it is possible to withdraw through the limited space at disposal; finally, if this course be adopted, the transperitoneal operation will be reserved for large solid tumors, and perhaps some floating kidneys.—*British Medical Journal*.

EXOPHTHALMIC GOITRE: CURE.—Edwin Payne, M.D., M.R.C.P., in the *Lancet*, says: From February to September 28, 1882, I attended, in conjunction with Dr. T. S. Byass, a young lady, aged twenty-five, suffering from exophthalmic goitre. The eyes were very prominent. The whole of the thyroid gland was very much enlarged, especially on the left side. There was excessive over-action of the heart, and for about two months it presented physical signs of enlargement, and particularly its apex-beat was to be noticed a little to the left of the nipple. There were abnormal sounds, diastolic and systolic, both at the mitral and aortic valves, of a soft, rushing character, and violent beating of the carotids and jugulars, with at times a cyanotic condition of the face, and attacks of dyspnea, but no headache. She had been getting out of health for a few months, and had been away for change; but on returning home was found to be in the above condition, and excessively wasted, so that it was necessary to place her on a water-bed for some four weeks. Another troublesome complication in this case was sickness. There was also considerable emotional excitement and irritability.

She has now (August, 1883) perfectly recovered, and can walk about and occupy herself with her usual amusements, being careful to avoid over-exertion. The condition of general nutrition is quite restored, the goitre has disappeared, and the heart is normal in valve-sounds, apex beat, and rhythm; the disordered action in the carotids and jugulars has ceased; the eyes are, for her, quite natural in appearance and prominence. She always had a slightly prominent eye; there is at times, if she is exhausted, some emotional excitement.



The treatment which was found useful in this case was digitalis with iron, which helped to quiet the tumultuous action of the heart. Ice was also invaluable at one, and an early period, to control the sickness. Cold was applied to the goitre, and pepsin aided the assimilation of food, which was given in some form, night as well as day. Small quantities of brandy at strictly regulated periods were also taken. Rest and quiet were strictly observed. Occasional relief of the bowels by means of blue-pill, colocynth, and scammony was found to be necessary and beneficial. She is now taking pepsin and the pills occasionally.

This is an interesting case, as illustrating the return to health in a typical case of its kind, but with a markedly important cardiac condition, and its return to a normal state from one of unusual disturbance. In these cases there is generally no secondary dilatation or hypertrophy, the symptoms of which at one period were of such serious import as to suggest considerable mischief, and even endocardial ulceration in association.

Was there in this case, it may be asked, any temporary hypertrophy as well as dilatation of the heart? There was, for more than a month, a heaving movement, on palpation, of the cardiac region, which gradually diminished with the general improvement. It seems, from observations made, that hypertrophied heart can be recovered from. Dr. Munk has recorded some interesting cases in the *Lancet* for 1846, with comments, showing that hypertrophy of the heart may be cured, though these cases do not appear to have been associated with the peculiar condition known as exophthalmic goitre. Is the pathology in cases of exophthalmic goitre a constant and uncomplicated "sub-paralytic state of the vessels of the muscles of the heart?" May it not be well to be on one's guard for a condition of hypertrophy as a possibility in some cases?

**HYDATIDS OF THE FEMUR.**—Dr. Coppinger read a paper at the late meeting of the Academy of Medicine, in Ireland, on Hydatid Disease of the Femur, the patient and parts removed which established the diagnosis having been exhibited to the meeting already. He alluded to the infrequency of the occurrence of hydatid tumors in the human subject in Ireland, notwithstanding the known prevalence of the echinococcus disease in sheep. He observed that hydatid tumors, even in countries where the affection is comparatively common, seemed

scarcely ever to invade the bones, and that no instance of the disease occurring in the bones had up to the present been recorded in this country. The patient had been under observation for three years, having been admitted to the Mater Misericordiæ Hospital with a spontaneous fracture of the upper third of the femur, due apparently to its invasion by the parasite. The disease was not diagnosed until Mr. Coppinger had made an attempt to excise the patient's hip joint and discovered a large cavity, in the dilated upper part of the femur, containing hydatid cysts and loose pieces of bone studded over with small echinococcus vesicles. These exhibited the characteristic features of echinococcus cyst, etc. The complicated excision was abandoned, but the great trochanter was removed with a saw, and the cavity finally laid open and syringed out with chloride-of-lime solution. It was then ascertained that the shaft of the femur was firmly connected with its neck by means of the thin walls of the bony tumor, and it was hoped that, the disease having been apparently removed, the space would fill by granulation from below. It had since become much smaller; but the patient's condition was so unsatisfactory, even after nearly two years' treatment, that another operation would have to be performed for the purpose, if possible, of eradicating the disease. The limb was three inches shorter than its fellow. The man was obliged to have a crutch, being unable to rest his weight upon the limb; and the wound, which was still open, led through a narrow slit in the bone into a cavity in its center, extending upward into the neck, as well as downward into the shaft of the femur. Although this cavity was daily washed out with carbolic and boro-glyceride solution, and although all disease was apparently removed, collapsed cysts and shreds of membrane still escaped from it occasionally, proving that the peculiar disease caused by the presence of small exogenous cysts in the cancellous tissue of the bone had not yet been eradicated.

**SENATOR ON FLOATING KIDNEY.**—Professor Senator's conclusions, recently published in the *Charité Annalen*, based upon the records of thirty-two cases, agree in almost every particular with those to be found in Landau's *Wanderniere der Frauen*. (British Medical Journal.) Senator terms the affection "ectopia renis." He found one in every one hundred and thirty sick women to be subject to floating kidney, independ-



ently of age or social station. Disappearance of the fat around the capsule of the kidney can hardly be a cause of this condition, for there is little or no such fat in children, among whom floating liver is very rare, and men are as liable to emaciation as women, yet floating kidney is much less frequent among men than in women. The absence of fat, as Senator most pertinently observes, does not cause floating kidney, but facilitates diagnosis. The causes are more probably to be found in the condition of the generative organs and defects of attire. Repeated pregnancy causing pendulous abdomen is a very probable cause, and uterine displacements are considered by Landau to influence the position of the kidney; the same authority attributes displacement of the kidney to tumor and hydro-nephrosis, but Senator has never observed these pathological conditions in any of his cases. Tight lacing is considered as a highly probable cause of floating kidney, as Mr. Clement Lucas observes in his paper on surgical diseases of the kidney, published in this week's Journal, and would account for the greater frequency of displacement of the right kidney, which, in a tight-lacing woman, is subject to prolonged pressure by a large solid body, the liver. The greater length of the right renal artery favors displacement of the right kidney. To make diagnosis as certain as possible, the patient should first be placed on her back; the abdominal walls must then be thoroughly relaxed by passive elevation of the lower extremities. In examining the right lumbar region, the surgeon or physician should stand on the same side, and place the left hand on the loin posteriorly and the right on the abdomen; in examining the opposite side, these tactics must be reversed. Professor Senator appears to prefer this method to Landau's, for if the medical attendant stand on the opposite side of the patient, with the position of the hands reversed, the displaced organ is more likely to be pushed aside, and thus elude detection.

**ALOPECIA PREMATURA.**—The Edinburgh Medical Journal, from the *Berliner klinische Wochenschrift*, says: O. Lassar has convinced himself of the communicability of that form of premature baldness associated with dandruff. When the hairs which fall off in such cases are collected, rubbed up with vaseline, and the ointment so made is rubbed among the fur of rabbits or mice, baldness rapidly makes itself visible on the parts

so treated. That this is not due to the vaseline was shown by anointing other animals with the vaseline alone, which produced no effect. He considers that the disease is spread by hairdressers, who employ combs and brushes to their customers, one after another, without any regular cleansing to these articles after each time they are used. During frequent visits to the hairdresser's it can scarcely fail that brushes are used which have been shortly before dressing the hair of one affected with so common a complaint as scaly baldness. Females, he thinks, are less often affected with this form of baldness, because the hairdresser more frequently attends to them at their own homes, and there uses *their* combs and brushes. In order to prevent, as far as possible, the commencement of alopecia prematura, the hair should be cut and dressed at home and with one's own implements, and these thoroughly clean. When it has begun, the following mode of treatment is suggested: The scalp is to be daily well soaped with tar or fluid glycerine potash soap, which is to be rubbed in for fifteen minutes firmly. The head is then to be drenched with, first, warm water, and then gradually colder water. A two-per-cent corrosive-sublimate lotion is next to be pretty freely applied. The head is then to be dried, and the roots of the hair are to have a one-half-per-cent solution of naphthol in spirit rubbed into them. Finally, a pomade of one and a half to two per cent of carbolic or salicylic oil is to be used to the head. This treatment has now in many cases brought the disease not only to a stand, but the hair has been to a considerable extent restored.

**MALARIA.**—Dr. A. C. Heffenger, Passed Assistant Surgeon, U. S. Navy, writes in the Boston Medical and Surgical Journal: I have seen intermittent and remittent fevers as prevalent on the dry, sandy plains and through the mountains, *even up to the snow line*, of Peru, as I have ever seen them in Panama.

During the construction of the Oroya Railway from Lima to its present terminus, fifteen miles from the summit of the Cordilleras, a violent malarial fever broke out as soon as the ground was disturbed, which carried off several thousand workmen. This fever raged chiefly along the *rainless portions of the road, where the earth is always exceedingly dry and the soil thin*, though it extended to an elevation of *thirteen thousand feet, or nearly to the snow level*. A description of this epidemic, under the title of Oroya Fe-



ver, was published some years ago by Medical Director Browne, of the Navy, and Dr. Ward, a surgeon on the road at the time.

Two years ago a detachment of troops from the Chilian army of occupation in Peru was sent up the Oroyo Railway and across the Cordilleras; but no sooner had they reached the *snow line* than a malignant *malarial fever*, much resembling the Oroyo, appeared among them and fairly decimated the force. At the present time the Chilian troops quartered on the dry plains are suffering heavily from various forms of malarial fevers, though one not acquainted with the peculiarities of the country would pronounce their atmospheric and telluric surroundings unqualifiedly good.

ANKYLOSTOMUM IN GERMANY.—Doctor Menche of Bonn describes, in a recent number of the *Zeitschrift für Klinische Medizin*, says the British Medical Journal, a case of anemia from the presence of ankylostomum in the intestine, the first that has been recorded as having occurred in Germany. Hitherto it had been confined to Italy, Egypt, and Brazil, until the epidemic among the workmen in the St. Gothard tunnel showed that the parasite had been imported into Swiss territory. This epidemic is fully described in Dr. Bugnion's contribution to the Journal in March, 1881. Dr. Menche's patient was a brickmaker, who had never traveled beyond the neighborhood of Bonn, where he carried on his business. He became very anemic, and presented all the other symptoms of ankylostomum disease, as described by Dr. Bugnion. After the administration of ethereal extract of male fern, masses of the parasite were voided from the patient's bowels, and the anemia soon disappeared. Dr. Menche observes that, just as tropical chlorosis and the St. Gothard tunnel epidemic of anemia have been found to be due to the presence of masses of the blood-sucking ankylostomum in the duodenum, so, as in his own patient, the anemia common among brickmakers and tileburners may be, generally at least, due to the same parasite.

ON THE USE OF GELSEMIUM IN INTERMITTENT FEVER.—Dr. N. B. McKay, in the St. Louis Courier of Medicine, says: After years of careful trial, I have come to use gelsemium in ague with as much confidence as any of the preparations of bark. Used in ordinary doses, it will not cure chills; given in doses of three to ten drops every

two or three hours, it will not be likely to have the desired effect. If the stomach has been prepared for it by the use of a pill or two, or three, composed of podophyllin and leptandrin, with solid extract of hyoscyamus, half or three fourths of a grain each, one at a time, gelsemium will arrest chills as often as any other remedy. I give the fluid extract in *one quarter to one half drop doses* once in twenty or thirty minutes, beginning usually three hours or so before the time of the expected chill. This for adults; children, much less. If unsuccessful, I do not *increase* the dose, but *lessen* it.

I usually prepare the medicine by putting ten drops into a tumbler, measuring in three or four teaspoonfuls of water to each drop, and giving in teaspoonful doses. If to be kept for a few days, I put in camphor or peppermint water, to keep it sweet. Where patients live at a distance, I add glycerine in place of one fifth or one fourth of the water, and then it will keep indefinitely.

This medicine, prepared in this way, will rarely fail to quiet any nervous chill or rigor after it is fairly under way. In such cases I give it sometimes as often as every five minutes in severe cases, and it has never failed me. It is cheap, easy to take, and effectual.

THE MUTABILITY OF BACTERIA.—The question whether the same germs under different conditions give rise to various diseases has been raised, but not settled. (The Lancet.) Dr. Carpenter, at the meeting of the British Association, treated the subject from a point of view of natural history. He referred to the facility which the lower forms of life possess of adapting themselves to changed conditions of existence. He believes that the same germs may, under altered circumstances, produce various diseases, and these opinions he supported by various arguments. The decrease of the virulence of the smallpox, which ravaged Europe in the fifteenth century, he attributed to the cultivation of the mildest cases which occurred. A severe attack of any particular disease may so affect the system that a disease arises which can not be recognized as related to that from which it proceeded. Under favorable conditions an ordinary intermittent fever may develop into a virulent form, which is highly contagious. There is, in his opinion, very strong ground for the belief that even the innocent hay bacillus may undergo such an alteration in its type as to become the germ of severe disease.



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, OCTOBER 27, 1883.

Original.

SORE THROAT AND ALBUMINURIA.

BY E. J. KEMPF, M.D.\*

CASE I: Mrs. M.A., aged twenty-five, married two months, of a healthy constitution, with no history of any previous sickness, called at my office on account of a severe back-ache. A few days ago she got wet in a cold rain, and had become thoroughly chilled. This was followed by a cold and a sore throat. Her appetite is not good, but her bowels are regular and she has no fever. The throat is better. She complains of burning while urinating, and the urine looks smoky. She brought some of her urine with her, and on examining the specimen I found considerable albumen present. Pressure over the back caused no increase of pain. I ordered her to wear on her back a mustard plaster made up with molasses, as recommended by Prof. Tyson†, and gave her the following prescription:

Bromide of potassium, . . . . . ʒj;  
Acetate of potassium, . . . . . ʒj;  
Fl. ext. jaborandi, . . . . . f.ʒj;  
Water, . . . . . f.ʒv.

M. Sig: A teaspoonful in a half glass of fresh water every four or five hours.

Her diet was to consist of skimmed milk, coffee, and toasted bread.

I sent a specimen of the urine for microscopical examination to Prof. Knapp, of Evansville, who reports as follows: "The specimen of urine from the woman contained vibriones, a large number of granular cells, either changed renal epithelium or pus cells, or probably both, large granular casts and epithelium from the bladder and vagina. The specimen also contained an abundance of ammonio-magnesium phosphate

crystals and granular matter, but no hyaline casts. The examination of the specimen was rather unsatisfactory, on account of the advanced state of putrefaction and impossibility of getting a good sediment. Please to put some antiseptic (salicylic acid) into the next specimen you send me."

On the third day of the commencement of the treatment I was called to see the patient. She had faithfully carried out the treatment, and it had made her a good deal worse as she expressed it. She complained of nausea, diarrhea, headache, and that her menses had also appeared. She did not think herself pregnant. The back-ache was not so severe as it had been, and the urine did not burn her so much. I gave her some paregoric and catechu for the diarrhea and nausea, and ordered a continuation of the former treatment. On the eighth day she considered herself cured, although there was still a trace of albumen present in her urine.

It is now about ten months since she has used any medicine except a porous plaster to her back. From the pale and dry condition of her skin, I take her to be a volcano of mischief, with dangerous possibilities when she becomes pregnant or gets her next cold.

CASE II: A boy, ten years of age, complained of pain in the neck and pain in his throat. On examining the throat, I found a congestion, the commencement of an inflammation. I prescribed a gargle of chlorate of potassium and a Dover's powder.

About ten days afterward, the boy had recovered from his first slight complaint, and had a good appetite, and was otherwise well, except that the parents thought the patient's skin looked dry, pale, and puffed. But no anxiety was caused by this until the patient became affected with general dropsy, or anasarca. The entire body was dropsical, especially the eyelids, the cheeks, the

\*Read to the DuBois County, Indiana, Medical Society.

†Louisville Medical Herald, December, 1882.



abdomen, the scrotum, and the foreskin of the penis. The patient complained of a dull back-ache, some nausea, a dull headache and the skin was dry. The boy was pale and had a stupid look, the conjunctiva was white, and the tongue coated with a yellowish white fur. The urine was heavily loaded with albumen and was cloudy and smoky. I prescribed the following medicines:

Bromide of potassium, . . . . . 3 ss;  
 Acetate of potassium, . . . . . 3 ss;  
 Fl. ext. jaborandi, . . . . . f. 3 ss;  
 Water, . . . . . f. 3 iv ss.

M. Sig: A teaspoonful three times a day in fresh water.

A mustard plaster was ordered to be placed to the back, the patient was to stay in bed, and was to live on skimmed milk.

A specimen of the urine was sent to Prof. Knapp for microscopical examination. He reported: "In the specimen from the ten-year-old boy, I found, besides an immense number of bacteria, renal epithelium, large scaly epithelial cells, either from the bladder or the urethra, a few red blood discs, large epithelial and granular casts and hyaline casts. The urine was also in a state of decomposition, so that no doubt the anatomical elements had undergone partial disintegration."

In twelve days after the treatment was commenced the boy was convalescent, and at the time of writing this article is entirely well. The presence of albumen in the urine disappeared, and as to the microscopical appearances I can not report, as I have no microscope.\*

*Comments:* The following remarks induced me to report the above two cases of albuminuria following sore throat. "Dr. Laure (*Deutsch. Med. Zeit.*) has published a series of cases of sore throat complicated by albuminuria. Such observations have recently also been made by the great clinician Leyden, who noted nephritic disturbances and even paralysis following simple sore throat where diphtheritic patches had not been present. Laure supposes that in his cases there existed a catarrhal co-affectation of the kidney-epithelium. It follows that we should pay attention to the kidneys even in the simplest case of sore throat."†

This teaching is fallacious. As in the past so in the future, of a thousand cases of colds, of catarrhs of the mucous membrane of the body, some will be in the throat, oth-

ers in the bronchi, etc. Of these thousand cases a percentage will end in chronic catarrh of the nose, bronchial tubes, stomach, or kidneys; a percentage will end in consumption, a percentage may end in some other disease, and the majority will get well. Otherwise, every person in the United States would have albuminuria once or twice each winter. It follows, therefore, that we should not pay attention to the kidneys in the "simplest sore throat," unless some symptom calls our attention to them. And if a symptom calls our attention to kidney trouble with sore throat, then we have nothing more than a catarrh of the kidney-epithelium and a catarrh of the mucous membrane of the throat occurring together, as they may do. The one does not, however, cause the other; they merely occur together.

Roberts says\* "that acute catarrhal nephritis is essentially a catarrh of the uriniferous tubes, with enormously increased epithelial growth. The first step in the morbid process is an inflammatory congestion of the organs with rapid swelling and more or less extensive ruptures of the capillaries, especially those of the Malpighian tufts; then increased production of epithelial cells, packing up and distending the tubules, and thereby compressing and impeding the circulation through the capillaries. The depurating functions of the organs are thus necessarily impeded, and the blood is poisoned with excrementitious matter; the urine becomes scanty and deficient in its proper constituents, and as it percolates through the diseased ducts it detaches whole tracts of their epithelial lining, or carries with it loose epithelium, blood, and fibrinous exudation, which forms the grumous sediment seen in the urine in these cases."

This definition of acute catarrhal nephritis, or acute desquamative, or tubal, or diffuse nephritis, implies that the disease is a catarrh of the kidney, similar to the same condition in the lung.

A catarrh of the lung may have many sequels, consumption being the most frequent; so may an acute catarrh of the kidney become chronic or change into some other disease. But it is essentially a catarrh caused by cold, by intoxicating liquors, and by such other irritants as cause catarrhs in other parts of the body.

It becomes apparent, therefore, that a case of acute catarrhal nephritis should be treated as a catarrh, having its seat in the

\*For rules for the examination of the urine by Formad, see page 307, vol. xiv, of the Louisville Medical News.

†Med. and Surg. Reporter, page 135, August 4, 1883.

\*Reynolds's System of Medicine, vol. iii, page 652.



kidneys. The diet and drink should be regulated, and should consist principally of skimmed milk, butter-milk, mucilaginous drinks, and soups, such as barley-water, etc. As medicines the potassium salts, jaborandi, iron, and digitalis (the last if anasarca occurs) are highly recommended and merit a trial. Other remedies may be indicated by different symptoms occurring in different cases. Above all, rest of both body and mind, and warm flannel clothing next to the skin, should be secured. Baths to make the skin act are also indicated.

FERDINAND, IND.

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### Miscellany.

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THE AIMS OF THERAPEUTICS.—At the Congress of German Naturalists and Physicians, held last month at Freiburg, Prof. Liebermeister delivered an address upon the aims of modern therapeutics. (Lancet.) He said that owing to the "epoch-making" discoveries upon the nature of disease which have been made within the last decade, great changes were taking place in treatment, which had by no means yet attained their full development. Although theoretically therapeutics is based upon pathology, advances in pathology had not always been followed by a similar advance in therapeutics, and he instanced the fact of the marked transition from the old symptomatological system of medicine to that based upon pathological anatomy which occurred early in the century, as leading to no corresponding change in methods of treatment. But as anatomical study increased and physical diagnosis improved, a period of skepticism with regard to the influence of remedies and expectant treatment came into vogue. Regarded by some as a retrogression, this was really a great advance in therapeutics. It was not only the liberation from the dogmatism of the schools and systems, but the opening up of a scientific study of the object. Then it came about that the anatomical standpoint yielded to the etiological the recognition of the important part played by micro-organisms in many diseases being the cause of this change. The doctrine of contagium vivum, strenuously disputed twenty years ago, has practically become generally accepted, and prophylaxis is now the first aim in dealing with disease. He pointed out how the pathogenetic organisms may be considered in two great classes — those,

namely, which prevail every where, and those which require special conditions for their occurrence. In this way he contrasted the poison of pyemia, septicemia, osteomyelitis, etc., on the one hand, with those of malaria, cholera, typhus, scarlet fever, and other endemic and epidemic diseases on the other. Measures of prophylaxis were identical with general sanitation and public and personal hygiene. He strongly insisted upon quarantine as protective against the spread of epidemics, and rebuked England for allowing, in the face of the cholera, its mercantile interests to render it blind to the interest of the public welfare of the whole of Europe. When the infective germs have gained entrance into the body, then specific treatment is called for, as quinine in malaria, calomel in typhoid fever, salicylate of soda in rheumatism. Further, there are measures for direct prophylaxis, as in curing a susceptibility to catarrhs, which afford so favorable a soil for the tubercle bacillus. Other methods are symptomatic and alterative; and, although therapeutics is still largely empirical, the path along which it must advance has been much cleared by the advance of general medical knowledge, so that there was much to hope for in the future.

DANGER FROM FLIES.—Dr. Grassi is said to have made an important, and by no means pleasant, discovery, in regard to flies. (British Medical Journal.) It was always recognized that these insects might carry the germs of infection on their wings or feet, but it was not known that they were capable of taking in at the mouth such objects as the ova of various worms, and of discharging them again unchanged in their feces. This point has now been established, and several striking experiments illustrate it. Dr. Grassi exposed in his laboratory a plate containing a great number of the eggs of a human parasite, the *tricocephalus dispar*. Some sheets of white paper were placed in the kitchen, which stands about ten meters from the laboratory. After some hours, the usual little spots produced by the feces of flies were found on the paper. These spots, when examined by the microscope, were found to contain some of the eggs of the *tricocephalus*. Some of the flies themselves were then caught, and their intestines presented large numbers of the ova. Similar experiments with the ova of the *oxyuris vermicularis* and of the *tenia solium* afforded corresponding results. Shortly after the



flies had some moldy cream, the *oidium lactis* was found in their feces. Dr. Grassi mentions an innocuous and yet conclusive experiment that every one can try. Sprinkle a little lycopodium on sweetened water, and afterward examine the feces and the intestines of the flies; numerous spores will be found. As flies are by no means particular in choosing either a place to feed or a place to defecate, often selecting meat or food for the purpose, a somewhat alarming vision of possible consequences is raised. Dr. Grassi invites the attention of naturalists to the subject, and hopes that some effectual means of destroying flies may be discovered.

DR. HOLMES'S ADVICE TO A YOUNG PHYSICIAN.—Dr. Holmes, some years ago, wrote as follows to a young man who requested his advice about becoming a doctor (*The Medical Record*): "My dear young friend—To be a physician the following requisites, if not absolutely necessary, are very desirable: First, a sound constitution. The wear and tear are very great, and cares, broken rest, irregular meals, and exposure of all kinds demand great stamina. Second, an unselfish nature. You must always think of your patient's welfare, not of your own comfort or habits. Third, you must be content to wait a long time before you establish a paying reputation. Fourth, much of your work being distasteful, wearisome, wearing to the body, and almost fruitless to the mind, you must gradually harden yourself to the routine, and for this you ought to have an easy and accommodating temper. Fifth, you must be in constant familiarity with suffering of all kinds, which must either make your feelings tough, or keep you in distress. Medicine is very exacting. I don't believe much in literary doctors. I would not have one that was in the habit of scribbling verse, or stories, or any thing of the kind."

THE PROPHYLACTIC USES OF CATS.—Dr. F. Bradnack, of New York, sends the following history to the *Medical Record*: On Eighty-sixth Street a young woman left her infant, of sixteen months, upon a pillow by an open window. She had not been gone three minutes before the child fell out of the window and struck upon a stone pavement twelve feet below. I found the back badly contused. Expecting to find the skull fractured, I made a minute and careful exploration, but to my astonishment, there was neither cranial fracture nor dis-

placement, not even a scalp abrasion. Puzzled at this, I asked if any one had seen the child fall. An intelligent man deposed as follows: "The reason why the child's head was not smashed is that under the window from which it fell there lay a large tom-cat. The head of the child struck squarely on the belly of the cat. The next day the child was doing well, and the cat was sitting on the hearth, and also doing as well as could be expected under the circumstances."

BACTERIA NOT THE CAUSE OF DISEASE.—At a meeting of the Buffalo Microscopical Club on the 12th ultimo, Dr. Rollin Gregg read a paper, in which he contended that the so-called bacteria of disease were nothing more than so many forms of fibrine. He has made some apparently rather rough-and-ready experiments by boiling blood on the one hand, and allowing it to "rot" on the other. All the forms that have ever been pictured as bacteria, were to be observed in the boiled blood. "Rotted" blood showed even still more numerous shapes. In fact, every variety of shape, from a thread to a ring or globe, or any combination of such forms, may be simulated more or less exactly by fibrine in "rotting" blood. Dr. Gregg seems to think that fibrine contained most, if not all, of the formative forces of the organic world.

NEWSPAPER discussions of social difficulties are not always productive of unmixed good. A patient is now under treatment in a principal London hospital, suffering from melancholia, whose state has been mainly induced after reading the *Daily Telegraph's* correspondence on "Our Boys." This youth had been a clerk in a city house, but was temporarily disengaged, and during his forced idleness at home the numerous letters appearing in our daily contemporary came under his notice. They caused him to lose all hope of obtaining further employment, and this, preying on his mind, led to disturbance of his mental balance, the result being he is now almost hopelessly melancholic and suicidal.—*Medical Press*.

ENTERIC FEVER.—Mr. John Coveney, M. R.C.S., writes to the *Lancet*: I have at the present time under my care three cases of enteric fever in the same family. Two of these, boys, aged respectively nine and two, commenced their attack with otorrhea.



**DOCTORS CONSIDERED AS COMMISSION AGENTS.**—We have received from several correspondents a circular offering the medical profession a commission of ten per cent on orders for patent collars and baby linen. Hitherto undertakers have been the only class of tradesmen, who, with a sort of grim humor, have thus tempted the members of a somewhat non-lucrative profession. Now it is proposed that we should co-operate with milliners and dressmakers; what next? We shall not advertise the lady who designs this questionable honor for the profession, lest in so doing we advertised her wares, which should be avoided.—*Lancet*.

**HYDROBROMIC ACID AS A SUBSTITUTE FOR THE BROMIDES.**—At a meeting of the American Neurological Association (New York Medical Journal) Dr. Dana said the dose of pure acid should be from ten to twenty drops; of the officinal, one to two and a half drams. He employs it in the following conditions: Epilepsy, alcoholism, various forms of headache, vertigo, general nervous depression, neurasthenia, chorea, insomnia, hysteria, post-hemiplegic disturbances, etc. He has seen the greatest benefit from the drug in epilepsy, in post-hemiplegic difficulties, and in other lighter general nervous troubles. In the doses in which it is usually perscribed, the doctor says it will not prevent cinchonism. Hydrobromic acid was recommended in preference to haloids, because it was agreeable to take, non-irritating, and did not produce an eruption or bromism.

**THE PRESERVATION OF BODIES.**—Dr. J. Polak, of Warsaw, has for some time past been employing an aqueous solution of sublimate for the preservation of cadavers. It is used in the proportion of 1 to 500, or 1 to 300. He claims that better results are obtained from the employment of this salt of mercury than from thymol as ordinarily used, that is, thymol 3 parts, glycerine 2,000, and water 1,000; and that being at the same time much cheaper, it is to be preferred. The injections are made in the ordinary way, through the carotid or femoral artery, and special appliance is needed.

**THE PROSTATE.**—The importance of the prostate gland as a disturbing element in certain states of young people as well as old is one of the most commonly recognized facts of clinical observation. There is not, however, any very ready means

accessible either of demonstrating the size of the organ or of its changes during the progress of treatment with a view to its reduction after enlargement. An ingenious instrument has, however, been devised by a French surgeon, M. Mellez, for overcoming these difficulties, the name applied to it being the Pantograph. By its aid tracings can be obtained of the changes in the prostate as well as a record of dimensions, and possibly enough it may be found a most useful auxiliary in practice.

**HOW THE POOR IN LONDON LIVE.**—Out of two thousand two hundred and ninety persons living in consecutive houses at Bow-common, only eighty-eight adults and forty-seven children attend any place of worship; while in one street, near Leicester Square, containing two hundred and forty-six families, only twelve are said to be represented in church or chapel. The condition of some of their homes is said to be "pestilential." To get into them you have to visit courts which the sun never penetrates, which are never visited by a breath of fresh air, and which never know the virtues of a drop of cleansing water. In one cellar was found a father, mother, three children, and four pigs. In another room was a man ill with small pox, his wife just recovering from her eighth confinement, and the children running about half naked and covered with dirt. In an underground kitchen seven persons were found living, and a little child lying dead in the same room; while another apartment contained father, mother, and six children, two of them being ill with scarlet fever. Immorality is but the natural outcome of conditions like the above. The poverty of many who strive to live honestly is described as appalling. In St. George's-in-the-east, large numbers of women and children, some of the latter being only seven years of age, were employed in sack-making, for which they got a farthing each, while in one house a widow and her half-idiot daughter were found making palliasses at 1 $\frac{3}{4}$ d. each. Another woman, who has a sick husband and child, was found employed at shirt-finishing, at 3d. a dozen, and by the utmost effort can only make 6d. a day, out of which she has to find her own thread.—*Echo*.

**IMPURE WATER.**—The use of impure water for drinking purposes has been fully recognized as a fruitful source of disease in humankind. (*Lancet*.) But much careless-



ness has been shown as to the necessity of providing cattle with pure water. This is a point to which the loss and inconvenience arising from the prevailing cattle epidemic may perhaps direct deserved attention.

SCIENCE AT THE CHURCH CONGRESS.—Prof. Flower's paper on "Recent Advances in Natural Science" was of great value, not only for its intrinsic excellence, but for the expression of opinion it elicited. (*Lancet*.) The remark that "there is no position so fraught with danger to religion as that which binds it up essentially with this or that scientific doctrine, with which it must either stand or fall," is pregnant with good sense. Prof. Flower spoke out boldly, and proved a worthy henchman of science. He might, however, have gone further than he did, and affirmed that by the discovery and formulation of the doctrine of evolutionary development, Darwin, unwittingly perhaps, has done more for religion than any theologian ever did. He has supplied the key to the great enigmas of original and inherited sin or sinfulness, the visiting of present transgressions on generations as yet unborn, and shown how, by the principle of development through and by the influence of the environment—as in the calling into existence of new species—there is produced the strongest scientific evidence of the existence of a soul and of a future. Man is unquestionably the subject of a self-consciousness, which, according to the doctrine of development as expounded by Darwin, could have no existence if it had not been called up within him by the constructive and developmental influence of those very realities whose existence the *unscientific* atheist denies. If theologians are wise, they will stand aside a while, and wait the issue of further progress in science, confident that Truth is *one* and must prevail.

THE DINNER OF LONDON CLERKS.—We see a tendency to make much of fish and of vegetables, and to minimize the daily meat allowance, or even to exclude it as being more costly and now strictly necessary; but it must not be forgotten that a considerably larger share of the former than of the latter is needful for substantial feeding, so that the cost is equalized, or even turned against the lighter fare. There is now much talk of brain foods, and no doubt certain materials do nourish the nervous system more than others; but, notwithstanding, the brain-worker is not a brain; he has also a body to

maintain in vigor, and, without at all denying the necessity for brain feeding, we do not believe that a *perfectly nourished brain is to be found in a body whose bone and muscle are underfed*. There are similar tissues in both, and for each that food is best which contains a due admixture of all the nutritive elements. A fish or vegetable dinner once a week or so is an agreeable and beneficial change of diet; but the total daily ration of meat should not, as a rule, be less than half a pound, or, indeed, for most men less than three quarters. As to drink, we are not of those who think a stimulant by any means always necessary. For some who are up in years, or out of tone it is so, and such are usually fortified by a medical opinion to that effect; but the young and strong are healthier and clearer-headed when they practice abstinence and imbibe no stronger fluid than pure water. We must not omit to note how important it is that, whatever constitutes a dinner should not only be of fair quality, but also thoroughly well cooked, otherwise the digestive power will probably prove unequal to the demand upon it.—*Lancet*.

ADVICE TO STUDENTS.—Scientific acquirement is the result of patient industry and careful self-education, not of controversy. Religion is the fruit of self-mastery and reverence, not of doubt and of wavering.—*Professor Acland*.

Train your senses, your understanding, and your reason, and have all your faculties under the governance of a resolute and vigorous will.—*Prof. Tweedy*.

Happy indeed is that man whose mind, whose moral nature, and whose spiritual being are all harmoniously engaged in the daily business of his life.—*Dr. Latham*.

THE London *Lancet* has been in existence sixty years. It was first issued on October 5, 1823, as a little double sheet, to-day's impression consists of ninety-six pages. The first article in the *Lancet* was an introductory lecture to students at St. Thomas's, by Sir Astley Cooper. The editorship, which has but once changed hands at the death of the *Lancet*'s founder, twenty-two years ago, devolved on his son, Dr. Wakley, the present editor.

THE suicide of an anti-vaccinator is recorded in the London Medical Press. It is to be hoped that this is the beginning of a widespread epidemic among these misleading cranks.



**THE PREVENTION OF HORSE ACCIDENTS.** Mr. C. C. Baird, of the Dick Veterinary College, Edinburgh, has invented an india-rubber frog-pad for fitting into the heels of the shoes of horses, with the view of preventing the animals from slipping and falling on the causeway. The invention is exceeding simple, and will be of great value to medical men and others who drive horses, especially on asphalt and in frosty weather. The pad can be removed in the evening and replaced in the morning. A set of pads, it may be added, is expected to wear out two sets of shoes. The trial of the invention, we believe, has fully borne out the statements of the inventor as to the merits of the apparatus.—*Medical Press*.

A leather pad, considered superior to the rubber article, is coming into use in Louisville.

**ABLATION OF THE LUNGS.**—Dr. Domenico Biondi publishes, in *Giornale Internaz. delle Scienze Mediche*, some interesting experiments which he has made on this subject. (The Medical Press.) He abstracted the lungs of fifty-seven animals (dogs, cats, sheep, etc.), and of this number thirty recovered. The operations were as follows: Removal of the right lung, 23—recovered, 12; of the left, 34—recovered, 18; of the two upper lobes, 3—recovered, 3; of the median lobe of one lung, 1—recovered, 1; of the inferior lobe of one lung, 1—recovered, 1. The failures should be attributed principally to the absence of antiseptic precautions, and it is to be hoped that humanity will soon profit by this daring surgical operation.

**SODA-WATER AS A FIRE EXTINGUISHER.**—A druggist in Connecticut some months ago had a fire break out in one of the rooms adjoining the store, in which alcohol, turpentine, and similar goods in barrels and other large quantities were kept. (Pharmaceutical Record.) The fire had gained considerable headway, but remembering that he had a loose fountain charged with carbonic-acid water, he quickly seized it, and, rolling it to the entrance to the room, at once opened the faucet, and in very brief order the fire was extinguished. A clear head in an emergency is able to accomplish much thinking in a brief space of time.

**COMMENCEMENT SERMONIZING.**—"As to the nobility of your calling, a man may sell fish to the glory of God."—*Dr. Clifford Allbutt*.

**RELIEF OF FETID SWEATING FEET BY SUBNITRATE OF BISMUTH.**—M. Vieusse (*Gazette Hebdomadaire*) commends highly this drug in this local bromidrosis. The fetid sweat follows different forms of affections of the feet, sometimes the derm is naked and exposed from the maceration of the epidermis, and is the seat of severe pain. At others the skin does not seem altered at all, while the odor from the sweat is very marked. In either form friction, with subnitrate of bismuth, has succeeded, by being careful to rub it well between the toes. In most cases its daily use for fifteen days produces perfect relief. The epidermis becomes firmer, and loses its whitish appearance, is less wrinkled and adheres to the subjacent tissue, and the secretion diminishes.

**SULPHATE OF ATROPIA IN CORYZA.**—Dr. Gentilhomme, in *Union Méd.*: In several very bad cases, with abundant secretion, fever, and embarrassment of respiration, engendering in some true attacks of asthma, a pill containing half a milligram of the sulphate, given at the commencement of inflammatory period, has arrested the coryza. In cases of confirmed coryza the sulphate also gives relief, but its effect is less decided than when given at the commencement of the affection.

**A GREAT LINIMENT.**—The Quarterly Therapeutic Review says, methyl salicylate (oil of wintergreen) mixed with an equal quantity of olive oil or linimentum saponis, applied externally to inflamed joints affected by acute rheumatism, affords instant relief, and, having a pleasant odor, its use is very agreeable.

**SEA-SIDE SANITARIUMS.**—Reports have become current that many of the extensive caravansaries along the sea-side used as resorts for invalids have become dangerous to health in consequence of defective drainage. Atlantic City, Cape May, Coney Island, Newport, and Martha's Vineyard are complained of.

**THE POPE** has forbidden the faculty and students of Victoria College of Montreal to enter the Hospital Hotel Dieu, and has turned them over to the Laval University. The first of these schools is Protestant and the second Catholic. The priests are also instructed to notify their flocks that the Catholic youth who attend the Victoria College are liable to excommunication.



THE KENTUCKY BOARD OF HEALTH'S FIFTH ANNUAL REPORT, 1883.—The chief practical work of the Board has been devoted to the restriction and arrest of infectious and contagious diseases.

Another subject of importance, which the Board has diligently urged, is *sanitary drainage*. Causes of Typhoid Fever, by Dr. Pinckney Thompson, President of the Board, is a paper of unusual value to all who would comprehend the relations of filth to that disease. After reviewing the most generally received views on the subject at the present day, in the face of his own extensive observations, he avows his belief in the most unequivocal words: "That this fever can be developed every day by decaying vegetable matter—especially when associated with that of fecal matter, I have not the slightest doubt." Altogether, considering the adverse circumstances, due to defects in the law under which this Board is organized, and the unjust criticism to which it has been subjected, the report is one of eminent satisfaction, exhibiting much excellent sanitary work, and full of practical suggestions for the future.—*Sanitarian*.

THE second annual convention of the United States Bottlers' Protective Association, and the second annual International Exhibition of Bottlers' Supplies, Machinery, Materials, etc., has been postponed from November 20, to December 11, 12, 13, and 14, 1883, and from Irving Hall to American Institute Hall, New York City.

CEREBRAL SOFTENING.—Dr. Ferguson presented to the New York Pathological Society, October 10, 1883, a brain, the seat of extensive softening in the right hemisphere, removed from a woman, sixty-five years of age, who had suddenly developed paralysis of the left side of the body, with difficulty in speech, after an extensive burn upon the chest, arms, and legs, from boiling water. The temperature, pulse, and respiration rose, and she died some hours after the injury. She was said never to have been sick before. The left ventricle was found hypertrophied and moderately dilated; the kidneys, the seat of extensive diffuse nephritis. The right side of the brain was extensively softened, especially in the parietal region; the ventricles dilated. The left hemisphere was normal. The tongue had also deviated to the left. Notwithstanding the extent of the kidney-lesion and the presence of numerous hyaline, granular,

and fatty casts in the tubules, examination of the urine had proved entirely negative. There was no sign of embolism, thrombosis, or of hemorrhage, except very slight in the ganglia. The case had occurred too recently to admit of careful microscopic examination.

THE St. Louis Medical and Surgical Journal has strengthened its able editorial corps by the addition of Drs. John B. Keber, H. Christopher, A. E. Prince, Wm. C. Byrd, LeGrand Atwood. Dr. Thos. F. Rumbold continues editor in chief and proprietor.

HIPPOCRATES used few medicines; Sydenham said that he could carry all the medicine he needed in the head of his cane; Boerhave, said the enlightened physician could practice medicine with opium, cinchona, tartar emetic, wine, and water.

SOOTHED TO DEATH.—On the night of September 5th, a two-months-old infant, living in Washington Street, Brooklyn, being restless, was given a teaspoonful of "Mrs. Winslow's Soothing Syrup," by which it was killed. No report of who was found guilty of the murder.

MIXED BLOOD.—It was Defoe who, alluding to our mixed origin, in his "True-born Englishman," says ironically:

"With easy pains you may distinguish  
Your Roman, Saxon, Danish, Norman-English."

A CASE of aneurism of the aorta, in which no physical signs were present except dyspnea, resulting in death, is reported in the Medical Press, by Chas. H. Wade, B. A.

A CASE of malarial fever in which a chill is replaced by a convulsion, is reported by Dr. H. J. Berkley, of Baltimore, in the Maryland Medical Journal.

A French physician expelled from one of his patients eleven complete tapeworms, by means of an infusion of pomegranate root, followed by castor oil.

A CASE of suppression of urine for eighteen days, ending fatally, is reported in The Medical Press.

COMTE'S definition of a science: That knowledge which enables us to foresee and foretell results.



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LUNSFORD P. YANDELL, M.D., - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

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## THE HYDROCHLORIC ACID OF GASTRIC DIGESTION.

The New York Medical Journal, of October 13th, devotes a leading article to the absence of hydrochloric acid from the gastric secretion during certain morbid conditions, giving the opinions and investigations of several German writers (as set forth by Dr. E. Voght, *Progrès Médical*), who regard the non-secretion of the acid as a symptom of great significance in several well-known diseases.

This peculiarity has been observed in a few acute systemic affections, but it would seem to be especially marked in certain structural diseases of the stomach, such as carcinoma and amyloid degeneration.

Von der Velden found, in a case of typhoid fever, that the acid was absent during the whole course of the disease, re-appearing during convalescence; and Sasselsky observed, in nine febrile patients, that it disappeared whenever the fever was characterized by indigestion. In structural affections, von der Velden found that while in cases of simple dilatation of the stomach the acid was never absent, no trace of it could be detected when the organ was carcinomatous.

Eight cases of the latter affection were studied with reference to this one symptom

by this observer, and so constant was the relation between the failure of the secretion and the structural lesion, that in one case he ventured a diagnosis of cancer of the stomach on the absence of the acid alone, there being no other sign of the disease. The post-mortem confirmed this diagnosis. In another case, where all the symptoms pointed to a cancerous state of the stomach, he denied its existence on finding the acid present, and the subsequent history of this case also proved the correctness of his opinion. In cases of cancer of the liver, the stomach not being involved, the acid has been found to be invariably present.

In trying to account for the absence of the acid in these cases, it was shown that the condition could not be due to debility or cachexia, since the acid failed to re-appear even during a period of marked improvement in the patient; while it had been especially observed that, in non-cancerous patients who were marasmic to the last degree, the acid was a constant constituent of the gastric juice. Chemical action of the cancer juice in neutralizing the acid could not be said to account for its absence, for in all of the eight cases reported the disease was non-ulcerated scirrhus.

The above is negative evidence.

The only positive opinion given is by Edinger, who, having observed the absence of the acid in two cases of amyloid degeneration of the gastric mucous membrane, attributes the fact to endarteriitis obliterans involving the arterioles of this membrane.

The methods of obtaining the gastric juice are simple, and the manner of testing for the acid easy. Von der Velden uses a Kussmaul's pump; but Edinger has, acting on an idea of Réaumur's, devised an ingenious substitute for the pump, and one so easy of application that it will doubtless greatly facilitate further researches. A little piece of sponge with a thread tied to it is placed in a gelatin capsule, which is swallowed by the patient; after a half hour the sponge is withdrawn, the capsule having dissolved, and the juice pressed out and tested.



The reagent employed by these observers in testing for the acid is tropeoline, a yellow substance which turns red under the action of a mineral but not a vegetable acid. It is claimed by von der Velden that, when pure, tropeoline acts readily in the presence of organic matters. Uffelmann, in a series of experiments performed on a person with gastric fistula, found that methyl violet served his purpose well as a test for the acid. But it would seem that this reagent is open to some objections, while in the hands of all the experimenters except Ewald, who it is believed used an impure specimen of the drug, tropeoline has given uniformly good results.

These novel investigations attest the growing importance of physiology in clinical study, and bid fair to clear up not a few obscure questions in the diagnosis of gastric derangements.

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## Correspondence.

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### PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The subject of malaria is occupying a great deal of the attention of the profession, particularly on your side of the Atlantic, and the pathogeny of many diseases hitherto so obscure is now traced to the deleterious influence of that most deadly poison. By almost universal consent malaria is the cause of all types of intermittent and remittent fevers known; and if it be true that the poison "is generated in soils, the energies of which are not expended in the growth and sustenance of healthy vegetation," then the remedy against this state of things, would seem to be clearly indicated. As a practical illustration of the probable correctness of this theory, I may refer to some observations made by a French naval physician at Tonquin as bearing on the subject, though at first sight it would appear to be in contradiction with the generally accepted theory. According to this author, the delta of Tonquin may be compared to an immense marsh; but yet malarious fevers are comparatively rare in that country, which fact is attributed indirectly to the culture of rice, its principal produce. The harvest is gathered in twice a year, and it is to

the expenditure of the energies of the soil and the enormous consumption of the gases and liquid that escape that is due the almost entire absence of malaria in the delta of Tonquin.

In connection with this subject I may here transcribe the following extract from the very interesting professional address delivered by Dr. W. G. King to the students, at the anniversary meeting of the Madras Medical College, at the end of June last:

"I would direct your attention to the heavy mortality which attends the presence of malaria in this country. From the year 1868 to 1877, two million two hundred and ninety-three thousand seven hundred and sixteen deaths occurred in this presidency (Madras) from fevers supposed to be chiefly of a malaria type. Of course, on account of defective registration and the absence of medical knowledge among those concerned in certifying the cause of death, much of this mortality may have ensued from diseases other than malarious attended by fever; still, undoubtedly, the greater amount is due to this cause. Now, if it be admitted that loss to the national wealth occurs from sickness during smallpox, still more is this true of malarial fevers; for here not only is labor frequently checked for prolonged periods during more severe attacks, but is spasmodically interrupted at intervals at a period when labor and exertion may be most valuable. Hence, as a sequel of the combined effects of poverty and sickness, you will in malarious localities constantly find a weakly, apathetic, badly nourished, and decreasing population, yet the gradual improvement in drainage which has been effected in England has caused almost total disappearance of this disease. The French have demonstrated the efficacy of similar undertakings in Algiers; and in more remote times the Romans obtained equally happy results by means of their wonderfully complete subsoil drainage works, which have been lately brought to notice. Malarious fever may therefore be fairly regarded by the sanitarian as preventable. I do not anticipate you will be called upon to project complicated drainage schemes for the purpose of ameliorating malaria; but you will fulfill no small function if you use your influence in showing to ryots and villagers the dangers they undergo in not providing for proper removal of water that has been utilized for cultivation. Frequently the most useful improvements as to surface and subsoil drainage may be effected at a



most trifling expenditure and trouble by getting rid of unnecessary obstacles to outflow. If the ryot will not do this in obedience to what he may consider your 'new fangled' theories as to health, he may be open to conviction that a water-logged soil can not benefit his crops; if, then, he will not act for the good of the community, he may at least be stirred by regard for his own pocket. Equally easy would it be for you in your unostentatious fight against this deadly poison to do much by advocating the planting of trees, and thus aim at desirable modifications of soil, climate, and water distribution."

The question has been often asked whether quinine given internally could produce abortion. According to Dr. Otto Mouson, quinine is not only not an oxytocic, but it may be a means of preventing abortion. At the commencement of his practice, about forty years since, Dr. Mouson prescribed this remedy with great hesitation to pregnant women affected with malarial poisoning. But he has since altered his practice; supposing that abortion may be caused by attacks of intermittent fever, he administered quinine to his patients without any apprehension of producing premature expulsion of the fetus. This opinion is not quite in accordance with the experience of other observers. The oxytocic properties of the sulphate of quinine have long been known, even among the laity, for up to this day and for many years past this drug has been used among the peasants in this country to produce abortion, and travelers in the East well know that the Chinese women resort to it for the same purpose.

If "La belle France" is not a land flowing with milk and honey, it certainly does with mineral waters, for according to a report published by the minister of public works, he gives a list of the mineral springs resorted to in France, of which there are no less than one thousand and twenty-seven. Of these, there are three hundred and eighteen sulphurous springs, three hundred and fifty-seven alkaline, one hundred and thirty-six ferruginous or chalybeate, and two hundred and fifteen saline.

The French league against vivisection held its first meeting about a fortnight ago, when all the speakers took the opportunity of denouncing to the public the horrors of vivisection and its inutility for the advancement of science. They demonstrated their themes by projections with the electric light, taking for their subjects plates from differ-

ent works on physiology, and of course selecting those that would most likely excite the sympathy and wrath of the audience.

Through the initiative of the King of Italy an invitation has been forwarded to the different governments to send their representatives to an International Sanitary Congress, to be held in Rome in the month of November, with the view of organizing in Egypt an international service destined to protect Europe against the invasion of Indian cholera now and forever.

PARIS, FRANCE, October 5, 1883.

### LONDON LETTER.

As you see, I am now in the great city of London. I have visited some of the chief hospitals, and seen a good many operations of interest. I went to Sir William MacCormac's residence soon after my arrival, but found he had gone to America, and probably he has visited you before this time. But I was directed to Mr. McKellar, who does his practice now; sent in my card and your letter to Sir William, and very soon found myself in the presence of a very kind gentleman, who gave me cards of introduction to the leading men in this city.

The first hospital I visited was King's College Hospital, going through the wards with Mr. Henry Smith, for Mr. Lister was still abroad in Buda Pesth, where he received quite an ovation. Now he has returned, and I will see him operate to-morrow. There was not a great deal of interest this day except a resection of the knee-joint for destructive disease. It was performed under the carbolic spray, for every thing is here on the antiseptic plan, and results are certainly very favorable—an antiseptic wound does not suppurate, and gives the patient a shorter time for recovery.

The next day I went to St. Bartholomew, and had here the pleasure of being introduced to Mr. Savory, and saw him perform an amputation of the thigh—lower third—for destructive disease of the knee-joint. This operation was performed without the carbolic spray, for the gentlemen in this hospital are opposed to "Listerism," and Mr. Savory has been one of his strongest opponents, and claims equally good results without it. The preferred method in amputation is the flap, after Teale, integumental and rectangular. The principal novelty I saw was a new tourniquet, which looked somewhat like a truss, with a broad, flat plate behind, well padded, and an oval piece in front



to compress the femoral artery; both are connected by a steel band and can be screwed tightly. For ligatures, they use now carbolized catgut altogether, which I think is quite a step in the right direction, as by its absorption it allows the flaps sooner to unite, and the surgeon is not bothered with having the ligatures outside of the wound to pull on and examine, ascertaining if they are detached in three or four days. They claim they hold perfectly—don't slip—and give no occasion to secondary hemorrhage. For sutures, silver wire is used of a tolerably small size, which can be twisted or tied as the surgeon desires. In every wound a seton of carbolized lint or drainage tube of rubber is left; and the stump is covered with layers of lint, dressed in carbolized lint and a flannel roller bandage, and not removed until the second or third day, as we commonly do.

The next case was an amputation of the left mamma for carcinoma. The cancer, of the scirrhus variety, had been in existence for a good many years, and the involvement of an axillary gland made it quite difficult. However, there was not much hemorrhage, arteries were twisted or tied with catgut as the case demanded, and the gland enucleated. The wound was closed with deep and superficial silver wire sutures. Only three deep sutures were required, and I would mention here that the wire was carried through a tin plate, then fastened with a piece of lead which was flattened like the seal on many of our mail-bags in America.

The next was an operation for strangulated hernia, by Mr. Willett, performed in the ordinary way.

But yesterday I was invited by Mr. Knowsley Thornton to the Samaritan Hospital to witness an ovariectomy; and as this was a little different from customary ones and very skillfully done, permit me to relate it: The patient was operated upon in her own room, under the carbolic spray; anesthetic was bichloride of methylene; her feet and hands were tied with leather straps, so no motion was possible. The abdomen exposed was covered with a fine oil-cloth, which had an oval opening and was fitted close. An incision three or four inches long was made in the median line, beginning about half an inch below the umbilicus. The dissection took place very carefully; the sponges saturated in carbolized water wiped up all blood, every bleeding vessel was secured by ligatures, hair or silk, or twisted with the forceps, being left in position till required changes

in the arterial wall took place. Layer for layer was dissected until the peritoneum was reached. The tumor was now exposed, and a large trocar as used by Sir Spencer Wells thrust deep into the cyst, and the contents thoroughly drained by sufficient pressure upon it. In a very short time it was emptied, the hand now introduced, and the whole sac pulled through the opening until its pedicle was in the opening. A large flat sponge, nearly dry, was carried into the cavity to soak up any serum or blood that might remain in the abdominal cavity, and changed quite often. All the ovarian arteries in the cyst were now tied by silk ligatures, an aneurism needle threaded with carbolized silk carried below them and cut off very short, the cystic sac cut off with scissors, and the stump returned into the cavity. The wound was now completely closed with carbolized silk sutures, still under the spray, every layer carefully taken up by the needle, thick layers of gauze spread over it, fastened by broad adhesive strips, one covering half of the other one, and a flannel belt lined with cotton flannel fastened over the abdomen, secured tightly with safety-pins. Now the main point I wish to call attention to is the abolishment of the clamp, the ligation of the vessels with silk, returning of the stump into the cavity, and the complete and perfect closing of the wound by sutures, adhesive strips, and bandage. This dressing is not removed before the eighth or ninth day, and, as experience has proved, the wound completely closed without the least sign of pus, the silk not having produced irritation even.

Whatever may be said against the carbolic spray, one thing is certain in ovariectomy, it has given the most satisfactory results, with much less danger to the patient, and the wound looks much cleaner and nicer than it would with the production of pus; besides it saves the patient and surgeon the trouble of frequent changes in the dressing. Mr. Knowsley Thornton showed me a beautiful illustration of this fact as he took me to a patient's room, on whom he had performed ovariectomy a week ago, the case having been a rather difficult one as the tumor adhered firmly to the cecum. Notwithstanding this the patient was in excellent condition. From the record of the case after the operation I saw that there had been but once a rise of the temperature to  $100^{\circ}$  in the vagina, here it having always been a little higher than any where else, and remained  $99^{\circ}$ , or a little less. The dressing was now



carefully removed, and the stitches drawn. There was not a sign of pus, the silk was exactly as when it had been put in, and the wound beautifully closed. Only a slight circumscribed tympanitic sound in the left iliac fossa could be heard. A new dressing was applied as before, and a fresh abdominal bandage put over it.

Only a few years ago surgeons considered ovariectomy a capital operation, in fact the greatest operation performed on the human being; now it is done here almost every day; yes, twice to-day in this hospital by the same man; and so simplified has it become, that it would seem as if it might be done with an ordinary pocket-knife. But I close for to-day. You shall hear from me again.

E. VON QUAST, M. D.

## Formulary.

A FORMULA FOR IRREGULAR HEART ACTION.—Dr. Bowditch highly praises the following:

R Pulv. digitalis, . . . . . gr. x;  
Pulv. colchici sem., . . . . . gr. xx;  
Sodii bicarbonatis, . . . . . gr. xxx.  
M. et div. in pil. No. 20.

These are to be taken three or four times daily at first; subsequently to be reduced until only one is taken at bedtime; the treatment to be continued for from three to nine months.

He has used it for twenty-five years, and has found it to relieve even the most serious cardiac affections.—*Boston Medical and Surgical Journal*.

A PLEASANT QUININE MIXTURE.—Dr. J. A. Taylor, of Gridley, Ill., writes to the Medical and Surgical Reporter: The following is my prescription for a child three to five years old:

R Quiniae sul., . . . . . gr. xij;  
Acid, tannic, . . . . . gr. vj;  
Sodii bicarbonat., . . . . . gr. x.  
Mix.  
Syr. simplicis, q. s. . . . . ad. ℥ij;  
Ol gaultheriae, . . . . . gtt. iij.

M. Sig: Teaspoonful every four hours, followed by a draught of water. Shake well before giving.

To this may be added, when desired, bismuth sub. carb., ipecac., opium, podophyllin, leptandrin, etc., any thing that does not contain alcohol, which would immediately restore the bitter taste. The formula for any strength mixture is, twice the num-

ber of grains of quinia or cinchonidia to tannic acid, and three fourths as many of sodium bicarbonate.

A simpler mixture, devoid of bitterness when swallowed, is subjoined. All quinine mixtures are followed sooner or later after ingestion by a bitter taste:

Sulph. quin., . . . . . ℥i;  
Tannic acid, . . . . . gr. xv;  
Syrup of tolu, . . . . . ℥iii.

Triturate thoroughly the quinine and tannin together, gradually adding the syrup. L. P. Y.

## Selections.

INTESTINAL WORMS.—During the last few years we have frequently referred to discoveries in human helminthology, both as regards parasites and pseudo-parasites. (British Medical Journal.) In 1882, Leuckart, of Leipzig, made some interesting researches which threw much light on the development of *Distoma hepaticum*; while Braun, of Dorpat, has worked out the life-history of *Bothriocephalus latus*. Leuckart has also turned his attention to the development of a round-worm, originally described as the recognized cause of an endemic form of diarrhea in Cochin China, but since found in natives of Switzerland and Italy. In the feces of a patient in the Julius Hospital, Würzburg, who had resided for several years in Acheen and in Mexico, he found young specimens of a nematoid worm, termed *Anguillula stercoralis* by Bavay. Perroncito had discovered the same worm in the intestines of workmen who died during the boring of the St. Gothard tunnel, from the effects of another intestinal parasite, the *Ankylostomum duodenale*. Dr. Bugnion contributed, it will be remembered, a valuable paper on the St. Gothard epidemic to the British Medical Journal, in 1881 (vol. i. p. 382), where full references to Dr. Perroncito's work will be found. The *Anguillula* of Bavay has been placed by Perroncito in a new genus, *Pseudo-rhabditis*, on account of its resemblance to a non-parasitic, genus *Rhabditis*. By cultivation, Leuckart succeeded in rearing young specimens taken from the feces. In thirty hours they became sexually mature. The females laid eggs which hatched; the embryos, only measuring 0.22 millimeter at first, soon grew to the length of half a millimeter. They then cast their integument, and lost the form of a *Rhabditis*, becoming more



like young strongyli or filariæ, but differing from these in the character of the esophagus and tail. This fresh generation, artificially reared, did not reproduce its kind, but soon died out. Hence Leuckart concluded that it is necessary for this filaria-like form to live in the human intestine before it can attain sexual maturity. A similar peculiarity and alternation has been observed in *Rhabdonema nigrovenosa*, a worm allied to *Ascaris*, and infesting the lungs of frogs. Leuckart believes that his artificially-reared filaria-like offspring of *Pseudo-rhabditis* has been observed before, and not suspected, to be a form of *P. stercoralis*, but has been reckoned as a different species, *P. intestinalis*. This supposed second species has been recognized by Grassi, and placed in a new genus, *Strongyloides*. But this *P. intestinalis* is but the young of *P. stercoralis*, living in human feces containing its parent. Contamination of water from such feces causes the introduction of this miniature form into other human subjects, and once in the intestine it develops to the perfect *P. stercoralis*. Dr. Bugnion's article, to which we have above referred, describes how the *Ankylostomum* was introduced in a similar manner. Hence Perroncito found the two species in company. Professor Leuckart, whose researches on this subject are published in the proceedings of the *Königliche Sachsische Gesellschaft der Wissenschaften* for 1882, simplifies matters by abolishing the names *Rhabditis* (or *Pseudo-rhabditis*) *intestinalis* and *stercoralis*, and naming the species *Rhabdonema strongyloides*.

EXTRACT OF JAMAICA DOGWOOD AS A HYPNOTIC.—Dr. Otto Seifert, writes in the *Berliner Klin. Woch.* (No. 29) on *Piscidia erythina*, or Jamaica dogwood, which belongs to the order Leguminosæ: The dogwood is a native of the West Indies and of the dry mountainous districts of the Antilles, but occurs principally in Jamaica. Toward the end of the last century the rind of the root was used (in the form of a decoction) for its narcotic effects by the natives of America, and also employed as a poison for fish. Prof. Ott, of Philadelphia, has recently made some physiological experiments, chiefly on rabbits, with this drug. He finds that the extract of piscidia is a narcotic, not only for the higher but also for the lower animals; that it is a mydriatic; it increases the respiration, produces salivation and perspiration, reduces the action of the heart, and in large doses may cause general paral-

ysis and death from asphyxia. The liquid extract of the rind of the root is recommended for cases of "spinal irritation," and for the treatment of chronic severe cough where opium can not be prescribed. Von Firth has found the extract of value in patients suffering from delirium tremens, even where other narcotics, such as chloral, bromide of potassium, and opium have failed. Seifert gave some to healthy individuals, and found that it was followed by marked soporific effects, and some dilatation of pupil; but no change was observed in the pulse or temperature, nor was there any salivation or increase of perspiration. Severe coughing at night in cases of phthisis was greatly relieved by the administration of .25 of a gram of the solid extract.

MENSTRUATION AFTER EXTIRPATION OF THE OVARIES.—Dr. Henry F. Campbell read a paper with this title, before the American Gynecological Society. While conceding the preponderating influence of the ovaries in the menstrual function, he was inclined to think that there was a nervous mechanism, probably centering in the lumbar enlargement of the spinal cord, by the action of which, quite apart from "habit," periodical hemorrhages from the uterus might be brought about that were wholly indistinguishable from ordinary menstruation. The speaker traced interesting analogies from the effects of the forced lactation in re-establishing the menstrual function and in overcoming sterility.

Dr. William Goodell, of Philadelphia, had found menstruation after removal of the ovaries very uncommon, but was quite ready to coincide with Dr. Campbell as to its cause when it did take place, the irritation being that caused by the ligature. In saying that menstruation was uncommon under such circumstances, of course he did not include the false menstruation that always, according to his experience, took place within a few days after the operation. When menstruation did return, it was owing, he thought, to the fact that some ovarian structure was left behind, and, on account of the occasional difficulty of removing all ovarian tissue by the vaginal method of oöphorectomy, he had given up that method of operating.

Dr. Emmet related a case of his own, in which menstruation had continued after complete removal of the ovaries.

Dr. T. Gaillard Thomas thought the connection of the ovarian function with menstruation could not be regarded as yet ac-



curately and minutely defined. In regard to Dr. Campbell's theory, he had no data. His impression was that menstruation after removal of the ovaries was exceptional. When it did take place, it was not true menstruation, but a metrostaxis, due to the habit of the uterus, and was not continued for a great length of time. He found the same results, in this respect, after Tait's operation as after Battey's. He related a case of supplementary ovary in a patient from whom he had removed the two other ovaries early in the summer, and concerning whose menstrual function subsequently he knew nothing. He was decidedly inclined to adhere to the old theory of ovulation as the cause of menstruation.

**CAPONING CHICKENS.**—The chicken should be about three months old, and kept without food for about thirty-six hours before the operation, which is best performed on an ordinary table, in a good light. Place the fowl on the table, on its left side, and tie one end of a string about three feet long to the wings, to secure them, having previously attached a weight to the other end of this string, which must be dropped over the end of the table, so that it will remain suspended; then take the legs of the fowl and attach another string and weight in the same manner, in order that the wings and legs may be secured for the operation, which is performed thus: Pick the feathers from the hip-bone over the last rib; take a sponge and wet the ribs and feathers around, so that they will be out of the way during the operation. Insert the knife about half an inch between the first and second ribs from the hip-bone, and cut downward and forward to the end of the ribs; then turn the knife and cut up near the backbone. Now put in the spreaders and regulate the tension by the India-rubber band to suit the size of the fowl. Open the ribs and cut through the middle membrane that covers the bowels. Take the forceps and grip the upper testicle, and turn the forceps over once, thereby separating the testicle from all its attachments except the spermatic cord; now pull the testicle out. Repeat the operation on the lower testicle. Be careful to remove the whole of the testicles. Also carefully avoid the large vein under the testicles, or the operation might terminate fatally. Now untie and let the bird go. The incision must not be sewn up. The fowl should not be allowed to roost for a few days. If carefully performed, the

loss by the operation does not exceed three per cent. The practical result of this operation is to largely increase the weight of the fowl.—*Exchange*.

**AN ORGANISM IN THE BLOOD OF YELLOW FEVER.**—It is stated that a series of investigations into the origin of yellow fever has just been made by Dr. Domingas Frieze, a Brazilian physician. Dr. Frieze claims to have discovered that the blood of yellow fever patients contains a parasite which appears as a minute point, and in one form or another continues its existence after the death of the patient. As he considers this fact to be satisfactorily established, he recommends that the bodies of all those who succumb to the disease should be burnt. In further experimenting it was shown that the injection of a little of the tainted blood into the veins of a rabbit caused death in fifteen minutes. This, Dr. Frieze admits, might only seem like ordinary blood-poisoning, were it not for the fact that the blood of the dead rabbit was found to be filled with the peculiar organisms referred to. Moreover, a guinea-pig kept closely upon the earth taken from a yellow fever cemetery died in five days, and the same peculiarity also appeared in its blood; from which the experimenter argues that all such burying places are constantly liable to distribute the disease.—*Med. Times and Gaz.*

**MEANS OF PROVOKING THE SECRETION OF MILK.**—When the milk-secretion is slow in appearing in a lying-in woman, or when it ceases from mental or moral causes, it may be made to return by cataplasms or fomentations of castor leaves applied to the breast, or by suction of the nipple, or by means of electricity. The mammary gland is slightly compressed between two sponge electrodes, and a feeble current passed through the gland for ten or fifteen minutes. This may be done twice a day. After the first few electrizations, the breasts swell, the large veins appear on the gland, and the milk secretion is set up.—*L'Union Med.—Medical Progress*.

**NEW VIEWS ON BRIGHT'S DISEASE.**—At a recent meeting of the Académie de Médecine of Paris, Prof. Semmola, of Naples, communicated to the society the result of his latest experiments on Bright's disease, under which term he understands chronic parenchymatous nephritis only. (*British Medical Journal*.) The primary cause of



albuminuria in that disease is, according to some, a lesion of the kidneys themselves, while others explain it either by a pathological condition of the albumen in the blood, or by a combination of these two causes. Semmola's experiments go far to show that the lesion in the kidneys is a secondary process. He injected daily under the skin of dogs ten to seventy grams of white of egg; after four to five days, there were signs of a congestion of the kidneys, which led to hemorrhage when the dose of albumen was large. After seven to ten days, leucocytes were found in the urine, and the renal epithelium began to show signs of fatty degeneration. This, after a fortnight, was well marked; and about the twenty fourth day, there evidence also of an interstitial lesion of the kidneys. The introduction of albumen into the blood produces a peculiar dyscrasia, and the quantity of albumen eliminated by the urine is larger than that which has been injected; in the animals experimented upon the bile contained albumen, which is also the case in patients suffering from Bright's disease. As for the cause of the peculiar dyscrasia alluded to, Semmola thinks that it is an alteration of nutritive functions of the skin. He tried also the subcutaneous injection of blood-serum, yolk of egg, and milk; the first caused a slight albuminuria, but the last two had no effect.

**SUB-PERITONEAL INJECTIONS OF ALBUMINATE OF IRON IN CHRONIC ANEMIA.**—Prof. A. Vachetta, having noticed the results obtained with this preparation when administered in the ordinary way, has endeavored to ascertain whether the peritoneum would not absorb it better in larger quantities and more quickly than the mucous membrane of the stomach. From experiments on dogs he concludes that the effects of albuminate of iron are more readily obtained by sub-peritoneal administration than by any other method, and that no inconveniences result from this mode of administration.—*Ex.*

**VARIATIONS OF THE CHLORIDES IN DISEASES.**—Dr. Burot read a paper on this subject before the late meeting of the French Association for the Advancement of Science, in which he showed a rapid method for estimating the quantity of the chlorides (the common method with nitrate-of-silver solution). Instead of using the graduated burette, the precipitating glass, and pipette, Burot inserts a tube, the extremity of which is in the form of a bowl, holding one cubic

centimeter of urine. The urine is decanted and a small quantity of a solution of chromate of potash is added. A burette graduated in tenths of a centimeter is used for decanting the solution of nitrate of silver. Each division corresponds to grs. xv of the chloride per liter. The end of the reaction is indicated by the coffee and milk color due to chromate of silver.

Burot's observations lead him to admit eleven grams of chlorides per liter as the normal, ten grams being chloride of sodium, and one chloride of potassium. This proportion will vary, however, with the elimination, and with the causes which increase or diminish the secretory activity of the kidneys. It also varies in different states of disease. Diminution of the chlorides is important in view of the practical deductions which may be drawn from it. In chronic diseases, diminution only indicates feebleness of the digestive powers, unless there exists some other means of elimination, as diarrhea, dropsy, etc.

In acute diseases, the diminution is proportional to the intensity of the disease, and disappearance of the chlorides announces the presence of serous effusions or inflammatory exudations.—*Gaz. Méd. de Paris.*

DR. HENRY TUCKER (Southern Med. Record) claims that the following is a specific for singultus: Moisten granulated sugar with good cider vinegar; give to an infant from a few grains to a teaspoonful. The effect is almost instantaneous, and the dose seldom needs to be repeated.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from October 13, 1883, to October 20, 1883.

*Bache, Dallas*, Major and Surgeon, assigned to duty at Willet's Point, New York. (Par. 1, S.O. 238, A.G.O., October 18, 1883.) *Huntington, David L.*, Major and Surgeon, by direction of the President, will, until further orders, take charge of the office of the Surgeon General of the Army and perform the duties pertaining thereto. (Par. 3, S.O. 234, A.G.O., October 11, 1883.) *Sternberg, George M.*, Major and Surgeon, granted leave of absence for one month, to date from October 6, 1883, with permission to go beyond the limits of the Department, and to apply for extension of one month. (Par. 3, S.O. 134, Department of California, October 4, 1883.) *Taylor, Morse K.*, Major and Surgeon, assigned to duty at Fort Sill, I. T. (Par. 4, S.O. 210, Department of the Missouri, October 13, 1883.) *Heizmann, Charles L.*, Captain and Assistant Surgeon, granted leave of absence for six months, with permission to go beyond sea. (Par. 3, S.O. 235, A.G.O., October 15, 1883.)



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, NOVEMBER 3, 1883.

Original.

GUNSHOT WOUND OF THE CHEST,

Involving both Lungs; with Recovery.

BY E. S. MOSS, M.D.

Preston, T., a laborer, aged thirty-two, received an accidental gunshot wound at five P.M., August 19, 1882. The ball entered directly at the anterior and upper border of right axillary space, between the fourth and fifth ribs, ranged backward and downward and made its exit near posterior inferior angle of scapula, between the seventh and eighth ribs.

I did not see the patient until the morning of the 20th, when I found that he had not yet rallied from the shock of the injury.

The respirations were thirty per minute, and pulse one hundred and thirty and very feeble. The pupils were widely dilated, and continued in this condition until convalescence was established. This phenomenon has been present in all wounds of the lung which I have seen (some four or five cases), and in pneumonitis I have noticed it occasionally. There was very little hemorrhage externally. The ball had entered directly, but its course of exit was rather tortuous.

The patient was semi-erect in bed, and could not assume the horizontal posture without symptoms of immediate suffocation. He coughed occasionally with expectoration of clotted blood and pulpified lung tissue.

Physical examination and exploration by means of a hypodermic syringe showed that there had been a hemorrhage into each pleural cavity. There were some moist râles in the larger bronchi, and also in the supposed course of wound in the right and left lung. I at once closed the wound of entrance and exit, and ordered whisky and quinine in sufficient quantity to obtain the

required stimulation, and had bottles of hot water applied to the feet. As I had no one with whom to consult, and no instruments with me, I left to return in afternoon.

At this time, after a consultation, it was agreed to remove the blood by aspiration on left side; but, failing in this, thoracentesis was performed between the eighth and ninth ribs, below the posterior inferior border of the scapula, and three pints of blood were taken from the pleural cavity. The cavity was washed out with a carbolized solution and closed at once. The right side was aspirated with better success, and a considerable, but not the entire amount of blood was removed. But, as the first operation had so much relieved the embarrassed respiration, we agreed to let the patient rest at this time. The case continued with little change until the third day, when local pneumonitis developed in each lung. This threatened to prove fatal up to seventh day. It was treated in the usual manner. The right side was aspirated a second time, but empyema developed in the left. On the twelfth day after the injury, a second thoracentesis was performed on the same side, a drainage-tube was introduced, and the cavity was washed out twice a day with a carbolized solution for three weeks, when it was allowed to close.

Patient's temperature continued to range from one to two degrees above normal with the respirations accelerated. There was no decided sign of improvement until after first six weeks, when the cough diminished, the temperature sank to normal, the appetite improved, and the patient could sleep without trouble.

On October 10th he was able to be up and about the room. He was now put on cod-liver oil, brandy, and cinchona bark. The improvement was slow but permanent, and though the cough was troublesome he gradually returned to his usual standard of



health and strength, so that at this writing, sixteen months after receiving the injury, he is earning a living for himself and family by daily labor.

I have examined him in the last month and find little or no deformity of the chest. The respirations are normal, pulse eighty, and there is no dullness to be found or râles to be heard over any portion of the chest. I am certain, from careful examination and direct observation, that the ball in its passage wounded both lungs. Thoracentesis was twice performed on the left side, once for blood and once for pus, and aspiration was practiced the same number of times on the right side.

A noteworthy feature in the case was the apparent hopelessness of the patient at the time of my first visit, the danger in wounds of the lungs as well as of hemorrhages into the pleural cavities justifying such prognosis.

The length of time which has elapsed since the wound was first received is sixteen months. The complete recovery of the patient after such an injury, with no visible evil result, is a point to which I wish to call the attention of the profession, not that I claim any achievement in bringing about a cure through any superiority in treatment, for some of our best authors will doubtless condemn the act of closing the wounds made by the ball at entrance and exit, but to hold up once again the old axiom "so long as there is life there is hope," and to add my testimony to the fact that even the most hopeless cases may recover under extreme measures of treatment. It may be said that nineteen out of twenty of the measures employed will be futile, but the end will often justify the means.

WILLIAMSBURG, KY.

## A CASE OF EPILEPSY.

BY CHAS. VAN WYE, M.D.

A. G., aged thirty-seven, and by occupation a farmer, applied to me in May, 1882, for medical treatment, he having been afflicted with epilepsy from early childhood. For a few years previous to above date, the convulsions had been increasing in frequency and severity, rendering his mental and physical condition extremely precarious. He had before this time consulted a number of doctors, the majority of whom, however, were itinerant pretenders, without receiving any benefit. I told him I could not promise a

cure, but with his consent would try a remedy which I regarded the best known for the disease, and at the same time exacting a promise from him that he would persevere in taking the medicine for many months. Immediately ordered bromide of potassium, thirty grains to be taken three times a day. This was continued until it produced its full physiological effect, after which it was suspended for a few days. The drug has been used at intervals through a period of fifteen months, and to all appearances has resulted in a perfect cure, the patient having had but one light convulsion since the beginning of the treatment.

In reporting this case, I am well aware that I am advancing no new idea in the therapy of epilepsy, my object being merely to add a little substantial testimony to what has already been written in regard to the value of bromide of potassium in this disease.

BROWNING, LINN Co., MO.

## Miscellany.

QUEER MEDICINES.—Very many queer things are made use of as medicines. The use of queer substances is not confined to any one school. They all have odd and uncanny articles, Regulars, Eclectics, Homeopaths, Physio-Meds, all of 'em. Perhaps the greatest number and widest variety of peculiar articles may be found in the materia medica of the Homeopathic school.

Instance: Living bees are put in a bottle and irritated by shaking, then five times their weight of strong alcohol poured over them, they are macerated for eight days, the clear liquid then decanted and used. The able bullfrog is fastened, alive, by means of strong pins through the web of the feet, to a piece of flat cork; the poles of a battery are then slowly moved over its back, which provokes a rapid excretion of poison from the dorsal glands; this is scraped off with a bone knife and made into triturations.

Lachesis, a venomous serpent of South America, whose poison is used by some of the Indians of that country for their poison arrows, is pressed into the service; ten drops of the fresh poison is made into trituration.

The common garden spider has its hind-part punctured, and the liquid thus obtained is made into trituration; then the whole live spider is crushed and made into tincture with five parts of alcohol.



Armadillos are dried and made into tincture.

Living starfish are cut into little pieces and made into tincture.

The dust from wings and bodies of the silk-worm moth is made into trituration.

The saliva of the toad, obtained by irritating the animal, is used in powder form with sugar of milk.

Living crabs are pounded, covered with alcohol, macerated eight days, and then the clear liquid is decanted and used.

The blackish excrescence on the inner side above the knee of the fore-legs of the horse, and below the hock of the hind-legs, which easily exfoliates, and being rubbed evolves a peculiar smell, is dried, powdered, and trituated.

The odoriferous bedbug (*Cimex lectularius*) is taken alive, pounded to fine pulp in a mortar, and made up into powders with sugar of milk.

Ladybugs, those pretty little yellow speckled bugs that children advise to "fly away home," are collected in June, pounded alive in a mortar, and tincture made of them.

The poison of various species of the viper family is made into powder with sugar of milk.

The backbone of the codfish is finely powdered and used.

Garnet, rubies, and emeralds, precious stones of great beauty, are finely ground, mixed with sugar of milk, and given as powders.

Guano is trituated with sugar of milk and given, probably as a fertilizer, or to promote the growth of the mustache.

Under the heading "Hippomanes" is the following: "The normally white, but generally dark-olive, horn-smelling, soft, viscid mucus, which swims in the allantois-liquid, particularly toward the last months of gestation of the mare, or which adheres to the allantois," this is mixed with sugar of milk and given in powder. How the stuff is obtained is not stated.

Small species of lizards are dried and powdered with sugar of milk. Many species of snails are crushed alive and tinctures made of them.

The moisture obtained from the anal glands of the polecat (*Mephitis putorius*) is made into tincture with alcohol. This is certainly a nice dose.

The common wood-louse (*Oniscus asellus*), always to be found in and about decaying wood, is taken alive, crushed in a mortar, mixed with five parts of alcohol, macerated

eight days, poured off, squeezed, and filtered. It is then ready for use.

The festive head-louse (*Pediculus capitis*), much in vogue among young school children as an irritator of their bumps of knowledge, is captured alive and treated same as the wood-louse. It is, perhaps, used to promote activity of the cerebrum.

"The dark, gray powder from types, which collects in the compositors' boxes, washed with cold water, dried, and made up with sugar of milk," is used for various complaints among printers.

Living scorpions are crushed in a mortar and made into tincture.

"The brown spots of byssus, which are found on diseased potatoes," are trituated with sugar of milk.

The bristles are taken from the abdomen of a South American rabbit and worked into powder with sugar of milk. Good for colicky infants—down on the stomach. See?

Live tarantulas are pounded up with alcohol and used as tincture. The blue-bottle fly, known to the colored brother as the "blue-tailed fly," is treated the same way.

Vaccine matter is worked up with milk-sugar and given in powder. The matter of the smallpox, taken from the afflicted person, is treated in the same way.

Living wasps are put in a bottle, well shaken, irritated, covered with alcohol, and shaken twice a day for eight days; then it is ready for use.

The gall, liver, and lights of the wolf are taken fresh and worked into powder with milk-sugar.

These are only a few of the queer things that are used as medicine by the homeopaths.—*Indiana Pharmacist*.

[To these may be added chancre, gonorrhea, leucorrhea, and glanders virus.]

PROPAGATION OF DISEASE BY BOOKS.—When preventive medicine is searching out and checking all possible means by which infectious and contagious maladies are spread, the part which books may play in the propagation of disease should not be overlooked. (British Med. Jour.) There can be no doubt that the specific contagia of many zymotic disorders, and especially of scarlatina, smallpox, and typhoid fever, in the form of particles of material emanations from the bodies of patients, may attach themselves to the covers and pages of books, and so be carried from the sick to the healthy. In private families, all books



and periodicals used by a patient during his illness from a zymotic disease had best be burnt upon his convalescence. In general hospitals in which zymotic diseases are treated scrupulous care should be taken that all literature used by the patients suffering from contagious and infectious maladies shall be reserved exclusively for use in the special wards devoted to such disorders. We are afraid zymotic diseases are sometimes spread by books through the agency of lending-libraries and second-hand book-shops; and it would be well if the literature of such establishments were occasionally subjected to efficient disinfection. Persons recovering from zymotic disease should remember that it is one of their duties to take all care to avoid their infection of the healthy, and they should be taught to refrain from handing to others the books they have used during their illness.

**SUCCESS IN MEDICINE.**—At a time when the new student of medicine, in town and country, is entering upon the first step of his labors, and when the whole subject of our profession, its duties and its prospects, is brought forward for its annual airing upon the introductory platform, it may not be uninteresting to inquire to what end this striving crowd, practitioners and students, are pressing forward, what is the future to which they may tend, and what the means and qualifications by which their dreams of future good may perchance be realized. (*Medical Times and Gazette.*) I wish to succeed in my profession, each young aspirant will say, as he takes his first step into the arena where so many struggle in vain. But what does this success mean, and how may it be obtained? Its extent is, after all, except to the favored few, most moderate, and it is obtained only by a combination of physical, mental, moral, and material advantages which, it must be confessed, would produce a more enduring fame and more immediately practical results in many other more pleasant and less laborious walks of life. Few, very few, and far between are the chief prizes of our calling. So few are they as to be out of the reach of all but the most visionary expectations of the student who has chosen the medical profession as his life-work. No man, it is abundantly evident, can say to himself that, if energy, ability, industry, research, or industrious self-abnegation can achieve it, he will end his days as a rich man or at the top of his profession. And this not alone from the

uncertainty of human life or health, but because the rare union of physical, mental, and moral powers to which each man who has ever so succeeded owes his success must be combined again with such a train of un hoped-for and unforeseen circumstances as to be beyond the reach of all human calculation and device.

Set this aside, then—call this attainment of high professional reputation and wealth not merely success, but success of the most exceptional order, which we can by no means take into our expectations—and what remains as an end and aim for the average good-class aspirant to look forward to? He has come into the profession, it has been said, in which there is the greatest certainty of making a competence, and the least probability of making a fortune. He can neither achieve the one, nor have the slightest prospect of the other, without a life of toil, with much of mortification and disappointment to embitter it, and a death probably in harness at its close. But why, if all this be true, as we believe, are the ranks so constantly filled from below; why is more and more capital year by year invested in the purchase or foundation of practice? It is not from the tempting prospects of exceptional return for talents and capital so invested, nor assuredly from the high social estimation in which we are held by the world around. It is, we maintain, from the fact that in our profession alone can the possession of reasonable talents and the expenditure of reasonable capital yield a life full of *interest, variety, and emulation*, with such moderate but certain pecuniary returns as may represent to the man of average ambition and contentment that *success* which has been his aim from the commencement of his career.

**MUDDY MAUDSLEY.**—In "Body and Will," by Henry Maudsley, M. D., the following dicta occur: Here we strike upon one of those expressions that seem to common apprehension to be a contradiction in terms, and a mode of robbing language of its definite meaning, but which the mystical sense of high philosophy perceives to be a conjunction of opposites that bespeak a deeper unity.

Reason is something which comes not miraculously into a man, but grows in him by consummate development from the not supreme.

Will is a mighty tide of becoming that is broken into so many ripples of indi-



vidual and conscience energies. The social tendency is the all-mightiness of the whole dominating the particular desires and wills of the past. The form of an organism is the result of the combining properties of the simple and complex compounds that constitute the structure in their relations with the environment.

The following profound counsel is given by Dr. Maudsley to mankind in general: Let man cease, then, to labor to know himself in himself, and let him strive diligently to know himself—as he can only, properly speaking, know himself—in nature. To say there is an absolute, and call it the unknowable, is it a whit more philosophical than it would be for a blue-bottle fly to call its extra-relational the unbuzzable?

The exercise of function being the giving out or unloosing of those combined internal and external conditions, the unfolding from within, by a self-disintegration, of the coincident conditions within and without that combined in the first instance to form the new variation, these naturally promote further material embodiments—that is to say, further increase of structure.

**SPIRIT POISON.**—The question is, how can we measure the injuries to man or woman that result from an over-use of alcoholic drinks? An eminent physician of New York answered this question in 1870. It is shown thus:

The life-insurance tables show that a temperate person's chance of living at twenty is 44.2 years; at thirty, is 36.5 years; at forty, is 28.8. An intemperate person's chance of living at twenty is 15.6; at thirty is 13.8; at forty is 11.6.

The gain of the temperate man in his living, over his intemperate brother, in the first case, is near twenty-nine years. In the second case the gain is over twenty years, and in the third case over nineteen years.

According to Carroll D. Wright, Esq., Chief of the Bureau of Statistics of Labor, it is shown that sixty per cent of all sentences for crime in Massachusetts, during the last twenty years, were for distinctively rum offenses, such as the various classes of drunkenness and liquor offenses.

The total sentences in twenty years were 578,458, and the sentences for rum causes were 340,814. The figures of the courts show but a small proportion of the evils and the poverty that result from an over-use of intoxicating drinks.—*Quarterly Journal of Inebriety.*

### "THE FAIRY TALES OF SCIENCE."

(Inscribed by Punch to the "Red Lions" of the British Association.)

Strange are the tales of the golden ages,  
All the wondrous lays of fairy lore,  
Shrined in legends on the well-thumbed pages,  
Dear to childhood's heart for evermore.  
Though the elves have left the leaves and roses,  
Fled perchance to unknown lands afar,  
Still more strange each tale the Century knows is—  
Records of the land and sea and star.

Puck could girdle earth in forty minutes—  
So said Shakespeare's elf with boastful mind:  
Electricity can start and win its  
Wondrous race, and leave the fay behind.  
Send a maiden telephonic greeting  
Where the Mississippi's waves are curl'd,  
You shall hear how true her heart is beating  
Under all the seas of half the world.

*Yonder child with Fever's hand is stricken,  
Science comes to ease the laboring breath,  
Shows how germs are born and how they quicken;  
Air and water may be charged with death.  
See the microscope new scenes preparing,  
In the Wonderland its bright lens gives,  
And the physiologist declaring,  
That great paradox, "Life dies, death lives."*

How mankind, in ages prehistoric,  
Lived on lake, in cave, or by the sea,  
Science tells, and how, with meteoric  
Speed, his flinty arrowheads would flee.  
Mastodons would walk the woods primeval,  
Pterodactyls mighty wings would rise,  
When the ichthyosaurus lived coëval  
With the mammoth monsters of old days.

See the pale astronomer unsleeping,  
Galileo's spirit in his soul,  
Watches, as some comet's train comes sweeping  
Where the immemorial planets roll.  
Star on star shines on beyond all naming,  
Haply Principalities and Pow'rs;  
All the mighty Universe proclaiming—  
There are certes other worlds than ours.

List, then, to the Fairy Tales of Science,  
Solemn and stupendous and sublime;  
Nature's voice speaks out in proud defiance  
To the puny skeptics of our time.  
Age to age speaks on; each generation  
Finds new wonders coming at its call,  
While wise men, be sure, of every nation,  
Recognize the First Great Cause of all!

**WOOD PAVING.**—After giving macadam and asphalt a fair trial to replace the stones in the streets of Paris, wooden pavements to a very limited extent were resorted to some few years ago by way of experiment, but they turned out a failure. An English company, however, came over to show the Parisians how the thing is to be done. About a third of the Champs Elysées was, last autumn, paved with wood by the English company, and the result has been so encouraging that the Municipal Council of Paris has resolved to give the English system a



more extensive trial. The French, who are quick to copy, are hard at work paving some of the principal streets, such as the Rue de Rivoli, the Boulevards, Faubourg St. Germain, and the remaining portions of the Champs Elysées, and it is pleasant to see French and English workmen employed so harmoniously together.

**DINNERS.** — Diners-out in Paris have often complained that their pleasure is not unalloyed. Few people, when they take it into their heads to give a dinner, conscientiously consider the experiment they are making on their fellow-creatures. An entertainer's principal preoccupation is to display his plate, his furniture, and his wife's fine dresses.

A dinner out is apt to be a failure when its object is not clearly defined. If it is an act of politeness, it misses its mark when the dinner is not good. If it is a party of *gourmandise* and epicurean rendezvous, it then becomes a serious affair, from which ladies are usually excluded, because ladies keep people waiting, never arriving in time. And then they wear dresses expressly made to creep between the legs of their neighbors' chairs. And then they don't eat; they have dined at luncheon; so that the men sitting next them are ashamed to eat.—*Caterer*.

**HARD LABOR AND INSANITY.**—The *ennui* of idleness and the exhaustion of reckless industry may alike disturb mental equilibrium; and it is only in moderate exercise and the preservation of a just balance between waste and supply, activity and repose, that safety lies. When insanity has been brought on by hard labor, rest is, of course, more important than employment as an element of treatment. But rest is not lethargy; and the real difficulty is so to adjust and vary the occupation of the insane that it shall interest but not fatigue, and insure sufficient exercise without inducing either exhaustion or a sense of oppression. *British Medical Journal*.

**DEATH FROM THE SELF-ADMINISTRATION OF CHLOROFORM.**—Another death has again shown the fatal danger which attends the self-administration of chloroform. Last week an inquest was held respecting the death of Walter Woodcock Wilmot, a medical student, aged eighteen years, who was found dead in bed in his father's house, with a bottle containing chloroform in his right hand. Evidence showed that death

was due to the inhalation of chloroform, and that the deceased had long been in the habit of employing the anesthetic for the purpose of inducing sleep.—*British Medical Journal*.

LORD LYNDHURST, when somebody asked him which was the best way to succeed in life, replied, "Give good wine." A French statesman would have answered, "Give good dinners," which implies good wine and something besides, and would have carried out the advice into practice himself. Talleyrand kept the most renowned table of his day, but quite as much for hygienic as for political reasons, in the belief that well-considered and carefully-executed cookery strengthened the health and prevented illness.—*Caterer*.

**POSTHUMOUS PRESCRIBING.**—A French medical journal has been amusing itself by prescribing for the ailments of illustrious people who have been long dead, but who, according to this authority, ought not to have died as early as they did. (Medical Times and Gazette.) It seems that Molière could have been saved by a few grains of caffeine; Racine's neuroses would have yielded to bromide of potassium; while any modern doctor could have cured Napoleon of his biliousness, and altered the course of history by making the Great Emperor live to a green old age.

**COOKING.** — Nester Roqueplan asserts: The painter who makes up his palette badly, filling it with inharmonious shades of color, and then produces a frightful picture, does harm to nobody but himself. A cook, who has done his marketing, prepared his gravies, measured his ingredients, and then has neither a happy inspiration nor a certainty of touch, compromises the stomachs of whole families when he spoils his dinner.—*Caterer*.

**WHEAT CHARCOAL.**—Plump wheat, carefully burnt to charcoal and powdered, affords an article, it is said, far superior to any other form of charcoal in the chronic diarrhea of infants and adults, in pyrosis and cardialgia of adults, in chronic gastritis, and in all ways that charcoal is useful. We know of nothing so good as wheat charcoal finely powdered, and given in doses of five or ten grains with or without bismuth subnitrate. Wheat charcoal for diarrheal infants is worth looking after.—*Ex*.



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H. A. COTTELL, M.D., - - - - } Editors.

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## LYMPHO-SARCOMA CURED BY POULTICE.

Prof. Busch, of Bonn, in a recent lecture (an abstract of which appears in the Medical Record), calls attention to the remarkable efficacy of Kern's cataplasm in the treatment of lympho-sarcoma.

The poultice is composed of one part of mustard flour to five parts of black soap. It is inclosed in a gauze bag, and applied daily over the tumor for four or five hours or longer. The effect of the application is a very intense irritation, followed by an inflammation of the tissues resembling erysipelas. The tumors, if fresh, under the action of the poultice soon soften and disappear.

A case illustrative of the wonderful power of this application is detailed at some length by the lecturer. The patient was the subject of an immovable tumor of rapid growth, extending from the middle line of the neck to the vertebral column, and from the inferior maxilla to the inner half of the clavicle. The larynx was pushed to one side and the sternal extremity only of the sterno-cleido mastoid was visible. The pulsations of the carotid could not be perceived, as the vessel was completely surrounded by the tumor, and the characteristic occipital pains, due to stretching of the posterior auricular and occipital nerves, were very intense.

A most unfavorable prognosis was made in this case by the professor, who, after seeing, it went on a vacation trip, leaving the patient in the hands of another physician.

The poultice was applied in this case, being allowed to remain on the tumor for twelve hours each day instead of five. On its removal the inflamed surface was covered with vaseline and cotton, and morphine was given for the relief of the pain. A daily application of the poultice for four consecutive weeks, with iodide of potassium internally, resulted in the complete disappearance of the growth.

In commenting on this extraordinary event, Prof. Busch states that he had noted, when a young man, the value of Kern's poultice in the treatment of obstinate buboes, which he had often seen melt away under its action. He is inclined to attribute the efficacy of the application to the intense erysipelatoid irritation produced by it; but Prof. Binz believes that the oil of mustard is an important factor in the problem, since it probably penetrates the skin and exerts some direct action upon the diseased glands. These results are certainly very remarkable, and will doubtless re-open the discussion of the supposed obsolete doctrine of the discutient action of certain drugs when applied to malignant neoplasms.

Under this head our works on materia medica still mention certain medicines, but always with remarks calculated to disabuse the reader's mind of the idea that they have any true resolvent effect upon malignant growths.

If the diagnosis in the above case be correct, a simple hyperplasia not having been mistaken for a malignant growth, some of these paragraphs will have to be re-written.

But in any case Prof. Binz has done good service to practical medicine in this report, since he points out an easy and harmless way of dissipating certain tumors, which by their deep-seated position and vital relations are rendered inaccessible to the knife, and so far have resisted all other means devised for their destruction or removal.



### INOCULABLE CANCER.

Dr. T. Gaillard Thomas, the distinguished gynecologist, is reported to have recently stated in a clinical lecture that cancer of the penis may be contracted through sexual intercourse with women who are at the time suffering with malignant disease of the uterus, and that husbands of women so afflicted should be always warned against intercourse with their wives.

In a letter to the Medical Review, Dr. Thomas admits that if in the heat of a clinical lecture he stated the matter so strongly, he now desires to modify the assertion, since he is not prepared to sustain it by an array of cases in point. He has met with but one case in his practice, which he thought had this origin, and while this may be only a coincidence, he always advises husbands as above reported, because, upon *a priori* reasoning, there should be danger of infection to the man under the conditions mentioned, especially if he had an abrasion near the frenum.

Dr. Thomas's counsel is certainly wise and wholesome, but the theory of cancer infection is scarcely in keeping with the pathological teaching and clinical experience of the day.

### A BACKSLIDER.

We are in receipt of several medical journals and a circular letter calling attention to the sad fact that Dr. H. H. Kane, of New York, a sensational writer and profuse advertiser upon the subject of the opium habit, has rolled off the highway of regular medicine into the filthy slough of quackery.

Several of our esteemed contemporaries, who were persuaded into an acceptance of his tempting advertisement, are now adding to the grace of the king's English by smoothly worded apologies to their readers for having thus besmirched their advertising columns.

We are glad to say that, when the doctor offered us his advertisement some months since, we smelt the unsanitary savor of his linen, and promptly declined his proposition.

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## Correspondence.

### NEW YORK LETTER.

#### ACADEMY OF MEDICINE AND THE CODE.

*Editors Louisville Medical News:*

As medical ethics and medical politics are the all-absorbing topics of conversation in this city among medical men, and about the only theme for deliberation in their society gatherings, I take it that a short account of the recent controversy in the Academy of Medicine, its causes and results, may interest your readers.

At the meeting of the Academy on the 19th of last April, Dr. Austin Flint, jr., offered resolutions instructing the Committee on Admissions, to report for election as Fellows only those physicians who were known not to be in opposition to the code of the Academy, and that these instructions continue in force until the Academy should repeal or modify its by-laws regulating medical ethics.

These resolutions were seconded and carried amid confusion, the new-code advocates claiming that the meeting had been packed, and that this action did not represent the will of the majority of the members.

As this was the last regular meeting for the summer, the old-code men were thus put in possession of the Academy until the fall meeting, which was held on October 4th. At this time Dr. Fordyce Barker offered a series of amendments to the constitution and by-laws, which, if adopted, would have banished from the Academy the discussion of ethics. These amendments were put in the form of a motion by Dr. E. L. Keyes, which was seconded by Dr. A. L. Loomis. In seconding the motion, this gentleman said that, by adopting these resolutions, the Academy would avert the greatest danger that had ever threatened it, and that, if it would maintain its prestige, all matters of ethics must be kept out of it.

On motion of Dr. C. C. Lee, the Academy went into a committee of the whole for the purpose of discussing the proposed amendments, with Dr. Ellsworth Elliott in the chair. The amendments were discussed, and their adoption at its meeting, October 8th, recommended to the Academy.

At this meeting Dr. Austin Flint, jr., moved that the report of the committee of the whole be laid on the table. This was put, and lost by a vote of one hundred and three to one hundred and fifteen.

Dr. Loomis then moved that the Academy proceed to ballot on the adoption of the proposed resolutions. The vote was taken, and stood at one hundred and twenty-one in favor to ninety-two against the adoption of the amendments, which was declared lost, a three-fourths majority being necessary to any change in the constitution and by-laws.

The President, Dr. Barker, said that it was with much pain and many regrets that he announced a failure to procure the necessary majority. He bowed to the decision as it stood, having failed to convince a sufficient number of the Fellows that the adoption of the amendments was of great importance to the future good of the Academy.

Having failed in the adoption of these resolutions, the new-code men, through Dr. Loomis, then moved that the resolutions offered by Dr. Austin Flint, jr., on 19th of last April be rescinded. This was carried after considerable discussion. This leaves the Academy now in the same position concerning ethics that it occupied last spring, before Dr. Flint, jr., offered his celebrated resolutions.

This is regarded as an important victory for the new-code men; but it is evident to those who note the signs of the times that the influence of the Academy is rapidly waning under the political maneuvering of the ethical wireworkers, in secret, and the angry discussions of the topic in open session. The Academy has ever been an object of pride with the profession of New York, and an organization of the first rank among the medical bodies of the land, but it is certain that if the better judgment of those who moved for the abolition of ethical questions from its deliberations be not approved, its days of usefulness are numbered.

NEW YORK, October 25, 1883.

### BERLIN LETTER.\*

*Editors Louisville Medical News:*

On Thursday last (the 20th) I was invited by Professor Schröder to meet him at 8.30 A. M. sharp, to see his Lying-in Hospital and Gynecological Institute. Arriving punctually I had not long to wait for him—all the professors appear with military promptness, notwithstanding all of them enjoy a very large private practice and live in the

\*By an oversight this letter was left out in the making up of our last week's issue. It should have preceded Dr. Quast's London letter.



suburbs. This institute is new, only opened a year ago, belongs to the State, and is under Schröder's management; four or five assistant physicians live in the hospital. It is three story, of brick, with very high ceilings, and all the latest improvements known. It has the best ventilation from the abundance of high windows. The antiseptic method is the treatment throughout for all patients. The rules are very strict, and I copy here a few of them:

Every practitioner, who undertakes a delivery, has to be free of infectious material, so the woman by him attended will not be taken with puerperal fever.

To prevent infection he has to avoid any examination if he has touched any infectious matter in the last forty-eight hours.

If this is not the case, he has to clean his hands and forearm carefully and to disinfect in a solution of carbolic acid or corrosive sublimate before he undertakes the examination.

After the examination he has to report this to the midwife or female student, so she can cleanse the vagina by an injection.

The first floor is divided into a good many rooms for pregnant women, who come here for delivery. Each room contains six beds, over each is a black-board with name and date of expected delivery, which takes place in a special spacious room. After delivery she is rolled in another room which is thoroughly disinfected, and if she shows the least sign of puerpural fever rolled to the elevator and sent into the upper story. Joining every room is a room for a midwife or female student, in whose special care these patients are placed. Every medical student has to visit this hospital in the last year of his study, and *has to be resident practitioner* for six months, in which time he studies practical obstetrics under the observation of the professor. Would it not be a great improvement if our medical students in America, could have similar practical lessons in obstetrics?

In the second story he has his gynecological patients; small rooms with two or three beds for patients he has operated on and larger rooms for patients who receive preparatory treatment for an operation. One large operating-room with an amphitheater is here for ordinary operations in the presence of a class, and another one for capital operations, such as ovariectomy laparotomy, etc. This room is well ventilated and every thing is antiseptic again—no instruments used without being dipped into the antiseptic

fluid, no sponges used but salicylated cotton, and every physician who wants to witness an operation must have taken a bath the night before the operation and appear in a suit he does not wear every day (his Sunday clothes). I saw three patients he had performed ovariectomy on the day before; they seemed to get along very well, and the attending physician had to take the temperature every half hour and keep a scale for examination.

In the afternoon I visited the Augusta Hospital, which has had a great reputation since Küster became director. Though not quite as convenient as Schröder's, it still deserves to be called one of the best hospitals in Berlin. Situated in the northern part of the city it is surrounded by a very pretty garden and divided in several aisles for (1) children, (2) men, and (3) women. Besides it has tents for typhoid fever, barracks and a special house for diphtheritis. Here also is the antiseptic method the treatment. Küster was the first one in Berlin who accepted and proved to his opponents its superiority by his great success in ovariectomy and the disappearance of septic fevers in his hospital, for there was a time when this was feared in Berlin and the mortality was very great. Bethonia, one of the oldest and best-known hospitals, became such a source of annoyance by septic fevers, erysipelas, and hospital gangrene, some years ago, that it had to be torn down and rebuilt. Lister's carbolic-spray method has been exchanged by Schede's (of Hamburg) corrosive-sublimate solution as substitute. It certainly has not the disagreeable smell of carbol and seems to be crowned with the same favorable result.

All cotton, all bandages, all instruments are disinfected. In the treatment of all wounds, cleanliness is in the first place secured, a solution of sublimate or iodoform used if necessary, and a permanent dressing by a starch bandage, renewed every day, or two or three days, as the case requires is applied. Protection against air seems to be the first prerequisite.

E. VON QUAST, M. D.

BERLIN, September 23, 1883.

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KILLED BY HORNETS.—Whilst out with a friend tiger-shooting in the neighboring jungle of Pachmarree, India, Dr. Jackson was attacked by hornets, whose stings were so virulent as to induce erysipelas, which proved fatal in the course of two days.



## Selections.

INTRA-PERITONEAL INJECTIONS IN CHOLERA.—Mr. Cameron Macdowall, L.R.C.P., Brigade-Surgeon, I.M.D., Principal Medical Officer, Quetta, Afghan frontier, writes, in the *Lancet*:

Hypodermic injections of drugs, though the best way of administering them in cholera, not having proved a cure for the grave Asiatic forms of that disease, it is evidently our duty to look for some other weapon to combat the malady when these fail. They have been largely tried. I believe I was the first one to do so in Poona, Bombay Presidency, in 1863-66 (*vide* Deputy Inspector-General Murray's *Résumé* of the Treatment of Cholera from all sources, published by the Bengal Government). I tried, of course, morphia, atropia, Condy's fluid, solution of bichloride of mercury, chloral, and subsequently ammonia, bromides, etc., with (as shown in a letter published by you on October 16, 1880) very varying success. In that letter I mentioned that I injected large quantities of warm water subcutaneously into the cellular tissue of the arms and legs in order to procure slow absorption of fluid, since rapid absorption by intra-venous injection of fluids had failed ever since the days of Hamilton in Edinburgh, when it was exhaustively tried both with plain water and saline mixtures. The plan of injecting fluid into the cellular tissues, and thereby inducing an artificial dropsy, was no invention of mine, but of a Bengal surgeon, whose name I unfortunately can not recall, and who based his theory of success upon the fact of dropsical patients having been said to recover both from dropsy and cholera when attacked by the latter disease. Mine was the first case in which the plan was tried, I believe; and although the patient had long been a sufferer from dyspnea, chronic bronchitis, and embarrassed heart, we believed that the almost miraculous resurrection which took place would be permanent.

He died, however, on the second day, like the cases so graphically described in Edinburgh by Begbie. This case was, moreover, a most unfavorable one. The man had the "asthmatic voice" for years, and was always slightly cyanotic. Whether the injection and slow absorption of fluid into the treacle-like cholera blood (which itself is incompatible with life) will, by giving time for the cholera poison to be

eliminated, ever prove a cure in contradistinction to the failure of rapid intravenous injection and absorption of fluid, is a matter yet to be decided. But I regret that a perhaps natural timidity made me refrain (this was the sixth epidemic I had witnessed, namely, in 1876) from employing what now appears to me to be likely to prove a much more effective weapon, that is, injection of warm water, milk, etc., or nutritive or medicated solutions, into the peritoneum.

Bizzozero and Golgi declare that the injection of defibrinated blood even is in general devoid of danger. Prof. Mosler had a fatal case on repeating the injection after twelve days, but attributes it to the too early repetition of the operation. Dr. Kaczorowski, of Posen, has had four absolute cures from debility and anemia by injecting about four hundred grams of defibrinated blood (repeated in one case). All appear to have been absolutely confined to bed before the operation restored them to perfect health. Dubar and Remy have shown that albumen in solution is absorbed by the peritoneum, and that it is well borne and inoffensive. It is evident that the operation, especially with simple water which has been well boiled and allowed to cool to a comfortable temperature, is quite feasible, and holds out some prospect of success.

In the case where I injected the cellular tissue of the four limbs, I simply used the medium sized needle of a Dieulafoy's aspirator, previously attached by a piece of India-rubber tubing to a large hospital pewter enema-syringe. For the peritoneum it would probably be advisable to divide the integuments with a lancet on the linea alba, and to take out the piston before thrusting in the hollow needle, so that the flow of water through it, the full syringe being held at a higher level, would to some extent push aside the intestines and prevent injury to them.

Surely if this operation has been judged advisable in chronic cases of debility, a malady like cholera, in which no time is to be lost, and when, quite apart from true cholera poison, the want of fluid in the blood stops the circulation, secretion, etc., and can kill *per se*, surely in this malady such a procedure is eminently called for, even if only after subcutaneous injection of large quantities of water into the cellular tissue of the four limbs. It infallibly brings the patient out of the collapse, and, acting gradually, may keep it away till the poison be eliminated or exhausted.



**CHOREA AND RHEUMATISM.**—The relation between chorea and rheumatism, or the dependence of the former upon the latter, is a question which has been much debated of late years in our own country—more so, we fancy, than on the Continent; and the fact that it forms a part of one of the subjects selected by the Collective Investigation Committee shows that the problem has not yet received a satisfactory solution. (*Medical Times and Gazette*.) It is not, perhaps, one of the questions best adapted for collective investigation, for the simple reason that so much depends upon the interpretation which the observer puts upon the history given him by the patient or his friends what one man would record as "some history of vague pains," another would call "subacute rheumatism." But this objection, of course, would apply to all collective investigation. From the accumulation of a large number of statistics, we may certainly hope for some decided results. In his introductory remarks on rheumatism and its allies, at the last meeting of the British Medical Association, Dr. Barlow has given a succinct and impartial statement of what may be taken to be the views that are most in favor at the present time. The embolic theory, very seductive at the first glance, has failed to fulfill the expectations that were formed of it. Were it the universal cause, we should expect that heart-disease would always precede chorea, and that not infrequently some of the larger vessels would become blocked, and permanent damage result; neither of which conditions is met with.

In many cases no history of rheumatic attack can be obtained, but we are not justified in assuming that rheumatism is thereby excluded. We must wait for events. This was well exemplified in a case that recently came under our observation. A little girl who had twice had chorea, and each time without any (other) rheumatic manifestation, came again in a third attack, and still presented no proof of rheumatism, but she brought with her a younger sister, also suffering from chorea, with decided evidence of mitral disease, and a clear history of an attack of subacute rheumatism shortly before the onset of the chorea. If the patient has signs of heart-disease, it is almost needless to search further for evidence of rheumatism. Those who have had much experience of children are aware that endocarditis may, and often does, commence when the joint affection is so slight as to be

hardly worth taking any notice of. The subcutaneous nodules that Drs. Barlow and Warner described, in the "*Transactions of the International Medical Congress*," are now generally admitted to be of rheumatic origin, but, as they are rarely present without organic disease of the heart, they can not often have much diagnostic value. The erythema marginatum which is sometimes present might be accepted as evidence of rheumatism, but it is often transitory, and probably frequently escapes the notice of the patient or his friends. Some few years since Dr. Dickinson discussed at some length the rheumatic origin of chorea and its dependence or not upon endocarditis, and he arrived at the conclusion that chorea caused the endocarditis, relying partly on the absence of rheumatic antecedents, and partly on the fact that endocarditis often succeeds chorea. These are not very powerful arguments when the latent character of rheumatism, to which allusion has been made, is taken into consideration. On the whole, Dr. Barlow's conclusion, that "chorea occurs so frequently in connection with rheumatic symptoms, both in combination and alternation, that we are justified in provisionally regarding it itself as often a rheumatic symptom," is warranted by the evidence he brings forward; but, granting that it may be entirely proved, the whole problem of chorea is by no means yet solved.

**TREATMENT OF MEASLES.**—By D. Maclean, M. D., Glasgow, physician to the Glasgow Public Dispensary Chest and Throat Clinic, in the *Lancet*.

As this disease is considered one of the zymotic class, we have in its treatment to consider principally two things: (1) The management of the ferment, or whatever it is, and (2) the management of the effects of this ferment upon the system. The most marked of these latter present themselves to us in the effects of the ailments upon the mucous membranes. The greatest action of the disease, as we all know, is upon the mucous membrane of the lungs, and it is from its action there we have the immediate cause of the ensuing death, or the prolonged ill-health afterward. We have thus clearly set before us the line of action to follow: (1) To relieve the congestion of the mucous membrane, which is the immediate cause of danger, and (2) to destroy or reduce the violence of the disease itself. This I have been in the habit of doing, I believe successfully, by giving (say



to a child of two or three years of age) a teaspoonful in water of the following mixture every three hours: Ipecacuanha wine, half a dram; syrup of squills, half an ounce; quinine, two grains; acetate-of-ammonia solution to two ounces. Of course the quinine is increased according to age. We have thus in this mixture a stimulating expectorant and diaphoretic to relieve the tension in the mucous membranes and the skin, and also in the quinine a specific to destroy or abate the violence of the primary ferment. It may be necessary to add to or modify the form in which this plan of treatment is carried out; as when the irritation and cough are persistently great, then the addition of a little tincture of hyoscyamus is all that is necessary. So with the quinine; sometimes the stomach is so irritable that it is necessary to omit it from the mixture; but as it is essential that it be introduced into the system for the destruction of the ferment, it can be administered separately by giving it in powder, mixed with saccharated carbonate of iron, which diminishes the irritant action of the quinine that takes place when the drug is given alone.

This treatment for measles is good in all types of the disease, whether the attack be mild or severe, and more especially valuable when we have that dangerous form in which the eruption is of a deep purplish form, a form which is generally recognized as being the most fatal. This treatment I have followed for a number of years. I have seen many cases; and, as a justification for submitting it to the notice of the profession, I do not remember having signed a certificate of death for either the disease itself or its effects.

**CASE OF RUPTURED SPLEEN; DEATH ON THE SEVENTH DAY; NECROPSY.**—Mr. Vincent Jackson (London Lancet) reports the following interesting case:

Two days previous to admission, J. H., aged forty, was at his work unloading a barge, when the mast fell and struck him on the left side. On admission, July 25, 1883, the patient looked pale, had a very feeble pulse, and complained of pain in the left hypochondrium on deep inspirations. There was slight bruising over the ninth and tenth ribs, but no fracture, tenderness, or distension of abdomen. The patient was kept in bed, on milk diet, and ordered four ounces of brandy daily. Evening temperature, 99.8°. 26th: The general condition had improved, pain in side was less, and the

feeling of faintness had passed away. Temperature 97.8°. 28th: Early this morning, on sitting up in bed, the patient became extremely faint, and remained so the greater part of the day, but improved toward evening. Complained of pain at the seat of injury. There was slight abdominal tenderness. 29th: The patient had another attack of syncope. Abdomen very painful and distended; some dullness on percussion in the flanks. Ordered one grain of opium pill every four hours; glycerine and belladonna to abdomen. 30th: Patient lies on his back, with knees drawn up; skin cold and clammy; features pinched and pallid; pulse scarcely perceptible; respiration rapid and entirely thoracic; temperature 98°. Patient died about 1.30 P.M.

*Necropsy, twenty-six hours after death.* Rigor mortis well marked; body well nourished; slight ecchymosis over the left hypochondriac and lumbar regions; abdomen much distended, tympanitic round umbilicus and dull in flanks. On opening the abdomen several pints of dark blood fluid escaped, and large blood clots were observed. Surrounding the anterior edge of the liver, on further examination, large clots were found enveloping chiefly the liver and spleen. On removing the viscera, all were found to be extremely anemic, but otherwise healthy. The spleen was of normal size and consistence; on its convex surface appeared four or five transverse ruptures, varying in length from one inch and a half to four inches; depending from these were several large clots. At the upper extremity of the organ a large clot was found between it and its capsule. No evidence of peritonitis. Thorax, pericardium, and heart healthy. Extensive pleuritic adhesions were found on the right side; the left pleuritic cavity contained several ounces (fifteen to twenty) of serous fluid. On removing the lungs both lower lobes were found to be collapsed and airless (sank in water). Brain not examined.

**RATTLE-SNAKE POISONING TREATED BY POTASSIUM PERMANGANATE.**—Emil Bories, a student of medicine in Bellevue, reports the following in the Polyclinic: In the early part of May, 1883, the weather being very warm, a man, aged about thirty-five, was bitten in the calf of the right leg by a rattle-snake. He was stepping close to some loose rocks, and heard the peculiar warning rattle of the snake, but before he could recover himself, was struck. He was taken to his hut by his companion, who first



killed the reptile and secured its rattles, which numbered seven, with the button. By the time I reached the patient, four hours had elapsed. I found him very pale, cold sweat covering his face and extremities, pulse slow and irregular. He complained that his sight was failing, and was in great pain. He had vomited several times. I examined the wound and found the leg badly swollen, presenting a very glossy surface of an erysipelatous nature, quite tender to the touch. The point of entrance of the fang was quite pale, while the surrounding surface was of a light red hue. I asked for stimulants, but none could be had. I had read that potassium permanganate had been used with happy results in cobra poisoning; I thought it would be well to try it here. I immediately injected about one fourth of a grain into the wound and the same quantity into the arm, for fear that the solution injected into the wound would not be taken up into the circulation. I also gave him two grains by the mouth. Before leaving him I arranged matters so that he could receive two grains by the mouth and one fourth of a grain injected every hour, alternately, but I had little hope for success. I was, indeed, much surprised, on visiting him, next morning, to find him looking well, his pulse full and regular, his eyesight good, his appetite fair, and the swelling diminished nearly one half. However, I made a poultice of meal, mixed with a small amount of aqua ammonia, and told him to take half a dram of aromatic spirit of ammonia every three hours, continuing the use of the potassium permanganate by the mouth, but discontinuing the injection. On the following day he was much better. I then discontinued all but the permanganate, which was to be taken every three hours, keeping the wound moist with about ten-per-cent solution of ammonia water. The fourth day he was out and at work of a light nature.

**QUINIDINE AND ITS ALLIES.**—Researches into the action of the secondary alkaloids of opium resulted in the valuable addition of codeia to the Pharmacopeia. (British Medical Journal.) The investigations of M. Laborde give reasons to hope that benefit may arise to medicine from the further study of the alkaloids other than quinine, which are found in cinchona bark. That observer has lately given much attention to the study of the physiological action of quinidine. This principle he finds to agree with cinchonine and cinchonidine in pro-

ducing convulsive movements of the body, while quinine appears to be incapable of doing so. A guinea-pig, beneath whose skin some sulphate of quinidine was injected, quickly passed into a stupid semi-conscious state, and was seized with opisthotonic convulsions. Tonic and clonic muscular contractions succeeded one another; death by asphyxia ensued three quarters of an hour after the injection. Cinchonine and cinchonidine possess the convulsive property in a more marked degree than quinidine. This drug, therefore, holds a middle position between the alkaloids just mentioned on the one hand, and quinine on the other; but its affinities are stronger on the side of the former group. An impure specimen of sulphate of quinine, experimented with in like manner, gave the convulsive reaction; thus proving the presence of the other alkaloids, and illustrating a remark of M. Laborde, that one advantage gained by his experiments is the establishment of a physiological test of the purity of these substances.

**ESTRUS IN MAN.**—We referred last March to a case where masses composed of the larvæ of a species of fly (*Anthomyia cuniculina*) were passed from the rectum. (British Medical Journal.) Dr. Voelkel, of Berleburg, has described, in the *Berliner Klinische Wochenschrift*, a genuine instance of the presence of the larval gad-fly in man. A lad, aged thirteen, came under his care last February. The patient's skin was healthy, except at certain points, where numerous small red spots were present. These spots were elevated, and tender on pressure. From three of these, grubs were extracted, which Professors Leuckart and Braner found to be the larvæ of *Estrus*. The fly must have deposited its ova during the course of the preceding summer. Cuvier and Latreille refer to Humboldt's observations concerning a tubercular eruption which is frequently seen on the abdomen of South American Indians. But, though the explorer and the two scientists all agree that presumptive evidence strongly favors the supposition that the eruption was due to an *Estrus*, no larvæ appear to have actually been removed from the natives affected in this manner. Since the days of Humboldt, however, the parasitic nature of this affection has been authenticated by Howship and others. Tilbury Fox refers, in his well-known text-book, to cases where the larvæ of *Estrus bovis* have been found in the human



subject in Scotland and the Shetland Isles. In the human subject, the larvæ appear to settle in the spot which they hatch out, and to emerge from it only on leaving the pupal state.

THE HOT SPRINGS OF ARKANSAS.—So far as we can learn of the actual facts regarding Hot Springs therapeutics, it is the most empirical of all health-resorts, the New York Medical Record very truly says. Very little careful study of their action has been made. At the same time it is a place which is very widely known and very frequently used.

Hot Springs is a city of five thousand inhabitants, of which nine tenths is a floating sick population. It lies in a valley between two mountains, along the sides of which are now seventy-one springs.

The sick population is a heterogeneous one. The patients come from all parts of the country. "Those that predominate," says Dr. J. C. McMeehan, in an article upon the Hot Springs, published in the Cincinnati Lancet and Clinic, "are those affected with syphilis, rheumatism, and nervous diseases. All kinds, however, are met with. Women, broken down in health from fashionable dissipation, late hours, balls, champagne, and from the effects of sacrificing at the altar of Venus, come here for quietude, rest, pure air, and the benefits derived from bathing. Men, broken down from the excessive use of alcoholic drinks and the morphine habit, find relief at this place, and under the pleasing and stimulating effect of the waters are able to give up the habits of drinking and opium-eating."

An atmosphere of charlatanry seems to hang about the place. This is shown first in the current belief that the waters have great electrical properties. Many of the springs are named after some supposed predominant constituent in them. Thus, there is an *Arsenic Spring*, which for several years was peculiarly useful in the treatment of skin diseases, until it was found that it contained *no arsenic*. Another spring, called Alkaline Spring, is thought of especial value for alopecia, and bald-headed people soak their bare pates for hours in its delusive waters. Another spring is particularly adapted to corns and bunions, while various others have special reputations for the cure of disease. No attempt seems to be made to classify the springs therapeutically upon any other than an imaginative basis.

The water varies in temperature from 93° to 157° F., and the various springs discharge

a total of over half a million gallons of water daily.

That this water contains any specially valuable medicinal properties, apart from its heat, seems at present to be improbable. An analysis made by Professor D. D. Owen, as quoted by Dr. McMeehan, gave the following:

	Gram.
Organic matter combined with some moisture,	1.16
Silica with some sulphate of lime, not dissolved by water, . . . . .	1.40
Bicarbonate of lime, . . . . .	2.40
Bicarbonate of magnesia, . . . . .	0.50
Chloride of potassium, . . . . .	0.04
Chloride of sodium, . . . . .	0.218
Oxide of iron and a little alumina, . . . . .	0.133
Sulphate of lime, dissolved by water, . . . . .	0.320
Loss. Iodine. Bromine, . . . . .	0.053
Total, . . . . .	6.222

This analysis does not include any of the gaseous or volatile constituents which it is claimed are present; neither does it include the electricity, an agent whose presence always appeals helpfully to the lay mind.

Dr. McMeehan believes, as the result of his experiments, that there is a compound of silicon present. He also asserts that the galvanometer indicates the presence of more electricity than is usually to be found in hot water, and the same observer claims some peculiar physical properties for the water. *The experiments are not recorded with sufficient carefulness and detail, however, to warrant any inference from them.*

There is no doubt whatever that many persons are benefited by a residence at Hot Springs. They seem to be particularly attractive to the venereal. The change in mode of life, the removal from annoying cares to a healthy, well-regulated resort, the powerful stimulating, diaphoretic and diuretic action of the waters are all potent factors. No doubt the high reputation which the springs have got and the impalpable electrical agencies supposed to exist in the waters also act effectively upon the patient's imagination.

A NEW INSECTICIDE.—The aqueous or acetic-acid infusion of the flowers of *Delphinium ajacis* is used as an insecticide. In consideration of its extreme cheapness and by its lack of odor it is distinguished from other known agents. According to Benvenuti the action of *Delphinium ajacis* is as an excitant, rubefacient, astringent, and antizymotic. In many cases this remedy shows a great resemblance to carbolic acid and with iodoform.—*Archiv. der Pharmacie.*



**QUADRUPLETS.**—Drs. Edwards and McTaggart, of London, Ont., report a remarkable case: A woman, already the mother of four children, had what was supposed to be an early miscarriage in the last week of January, 1883. Her abdomen continued to enlarge, and finally became of an immense size. On September 14, 1883, she was confined of *four* living children, two boys and two girls, the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. Three of the children weighed somewhat over four pounds, and one slightly under that weight. There was only one placenta. At last report all were alive and doing well. *Canada Med. and Surg. Journal.*

**THE BEST DEPILATORY.**—Dr. J. Magee Finny, of Dublin, writes to the British Medical Journal: The only reliable way to remove an excessive growth of hair (Hirsuties) is by electrolysis. By this method I have permanently removed over two thousand hairs from the face of one lady, as well as several smaller growths from the upper lip and chin, and on moles, etc., in other instances. The ordinary depilatory powders, containing sulphide of calcium or sodium, do not affect the hair-folicle, and are, therefore, but of temporary benefit. The method of applying electrolysis, which I adopt is accurately described in Duhring's Diseases of the Skin, third edition, p. 425.

The German Cholera Commission, headed by Dr. Koch, is now at Damietta, still continuing its investigations.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from October 20, 1883, to October 27, 1883.

*Moore, John*, Lieutenant Colonel and Assistant Medical Purveyor, to be relieved from duty as Medical Director, Headquarters Department of the Columbia; to proceed to San Francisco, California, and assume charge of the Medical Purveying Depot in that city. (Par. 10, S.O. 243, A.G.O. October 24, 1883.) *Horton, S. M.*, Major and Surgeon, leave of absence for one month, with permission to apply for an extension of three months. (Par. 6, S.O. 216, Department of the Missouri, October 20, 1883.) *Wolverton, Wm. D.*, Major and Surgeon, granted leave of absence for one month. (Par. 6, S.O. 201, Department of the East, October 24, 1883.) *Barnett, Richards*, Captain and Assistant Surgeon, assigned to duty at Columbus Barracks, Columbus, Ohio. (Par. 1, S.O. 240, A.G.O., October 20, 1883.) *Mans, Louis M.*, Captain and Assistant Surgeon, assigned to duty at

Fort A. Lincoln, D. T. (Par. 4, S.O. 180, Department of Dakota, October 15, 1883.) *Merrill, J. C.*, Captain and Assistant Surgeon, granted leave of absence for one month. (Par. 7, S.O. 201, Department of the East, October 24, 1883.)

OFFICIAL LIST of Changes of Stations and Duties of the Medical Officers of the United States Marine Hospital Service, from July 1, 1883, to September 30, 1883.

*Bailhache, P. H.*, Surgeon, detailed as member of Board to examine candidates for promotion, August 23, 1883; detailed as surgeon in charge of Cape Charles Quarantine Station, Sept. 5, 1883. *Miller, T. W.*, Surgeon, granted leave of absence for twenty-five days, August 31, 1883. *Wyman, Walter*, Surgeon, detailed as member of Board to examine candidates for promotion, August 23, 1883. *Long, W. H.*, Surgeon, granted leave of absence for twenty days, Sept. 25, 1883. *Smith, Henry*, Surgeon, directed to take charge of quarantine service at the Capes, July 29, 1883. *Stoner, G. W.*, Passed Assistant Surgeon, granted leave of absence for thirty days, August 24, 1883; to inspect the relief stations along the coast of Maine, September 29, 1883. *Goldsborough, C. B.*, Passed Assistant Surgeon, granted leave of absence for thirty days, August 29, 1883. *Banks, C. E.*, Assistant Surgeon, relieved from duty at Portland, Oregon, and to report to the Surgeon General at Washington, July 10, 1883. *Carmichael, D. A.*, Assistant Surgeon, granted leave of absence for ten days, August 31, 1883. *Peckham, C. T.*, Assistant Surgeon, to proceed to Portland, Maine, for temporary duty, August 25, 1883. *Devan, S. C.*, Assistant Surgeon, to proceed to Portland, Oregon, and assume charge of the service, September 11, 1883. *Kallock, P. C.*, Assistant Surgeon, to proceed to Philadelphia, Pa., for temporary duty, July 25, 1883; to rejoin his station (New York) July 31, 1883. *Yemans, H. W.*, Assistant Surgeon, relieved from duty at Sitka, Alaska, and to proceed to Portland, Oregon, for temporary duty, July 10, 1883; to proceed to San Francisco, California, reporting for duty to Surgeon Vansant, September 11, 1883. *Glennan, A. H.*, Assistant Surgeon, to remain at Norfolk, Va., until further orders, July 29, 1883. *Wasdin, Eugene*, Assistant Surgeon, to proceed to New Orleans, La., for temporary duty, August 2, 1883; to proceed to Mobile, Alabama, for temporary duty, August 27, 1883; to rejoin his station (New Orleans) as soon as practicable, September 25, 1883.

**PROMOTIONS.**—*Guitéras, John*, Passed Assistant Surgeon; promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from September 1, 1883; August 31, 1883. *Wheeler, W. A.*, Passed Assistant Surgeon; promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from September 1, 1883; August 31, 1883.

**RESIGNATION.**—*O'Connor, F. J.*, Assistant Surgeon, resignation accepted by the Secretary of the Treasury, to take effect August 1, 1883; August 2, 1883.

**APPOINTMENT.**—*Wasdin, Eugene, M. D.*, of South Carolina, having passed the examination required by the Regulations, was appointed an Assistant Surgeon, by the Secretary of the Treasury, August 2, 1883.



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, NOVEMBER 10, 1883.

Original.

FRACTURES OF THE SKULL.\*

(An Address delivered before the Buck-Fork Medical Association, at Bardstown, Ky., Tuesday, October 16, 1883.)

BY W. W. CLEAVER, M.D.

Fractures of the skull are of much more frequent occurrence than is generally supposed. These fractures, I think, are often overlooked or passed unrecognized at the time of their occurrence. Since the head is so frequently the seat of serious injuries, we should strive to more thoroughly understand these, and be able to give more satisfactory treatment for their immediate relief as well as their remote effects. I propose to sum up the cases of cranial fractures that have occurred in my own practice, but doubtless I failed to recognize others that may have taken place.

In 1848, while a student, I was asked to see a boy, aged fifteen, who had just been accidentally shot by a comrade with an old brass-barreled pistol which carried a pretty large ball. I found him lying on his back, his eyes set in his head, and brains protruding freely from a wound in his forehead. The wound was about one and a half inches above and external to his eye. There were two bullet-holes in the scalp very near each other; I supposed the pistol had carried two balls. I wiped away brains enough to fill a tablespoon. I found a single opening in the skull not larger than a good sized pistol-ball. I pronounced the case fatal; but sent to town for a doctor. One came, confirmed my diagnosis and prognosis. He was not the family physician, but we prescribed for the boy and left. Next morning I returned with the family physician and my preceptor. They took charge of

the case. I watched the patient, and assisted the physician. The patient was stimulated and nourished in the best possible manner. The boy was still totally unconscious and almost lifeless. The additional treatment was calomel, followed by an enema, with a cold compress to the wound. After the removal of all spicula of bone, and smoothing up as best they could the small hole, the question was, did the ball go into the head and remain, or did it enter through one of the holes on the scalp, shiver the bone and rebound, passing out through the other hole? That question has never been answered. The boy recovered, and is now living with his family in Larue County, Ky.

In 1856, I was called to see a man, aged twenty-five, who had been wounded upon the side of the head by a falling tree. I found him unconscious, with considerable depression of the skull bones on one side, but no scalp wound more than a contusion. The patient's house was eight miles from my office and, the night being dark and stormy, I remained with him till morning. During this time I made every effort to revive him, but failed. He died before day, and an autopsy was not allowed. This was fracture with depression of bone, but the patient died from concussion.

In 1861, M. C., leaving town drunk, engaged in a horse-race on the pike. In passing a skirt of timber the horse left the road, running at full speed; the man reeled to one side, and held on by throwing his arms around the neck of the horse. He passed so near a large tree as to drive the man's head against it so hard that it drove in the bark and sap of the tree as though it had been struck with the poll of an ax. I was but a mile away, and the messenger said the man was dead, but he wished me to see him. In a short time I was on the spot, but found that my patient had been carried on down the road in a buggy; I overtook him, finding

\*Reported for the LOUISVILLE MEDICAL NEWS by T. D. Williams, M. D., Maud, Ky., October 28, 1883.



him half rational. He was conveyed two miles, then taken in a house and put to bed. In a few moments he arose, walked across the room, stood and urinated freely; was somewhat more rational. He had two fractures, meeting at right angles, almost in the center of the frontal bone. There was slight depression. The scalp wound was almost equal to the fractures. He got active antiphlogistic treatment for three days, when he was removed to his own home, a distance of two miles. He bled well at the time, from the wounds, nose, and ears. At the end of two weeks we regarded him nearly well. He suddenly became furiously wild, and we were compelled to restrain him for weeks. It was suggested to send him to an asylum, but his mother declined. I proposed to trephine him, and that too was declined. He had occasional lucid intervals. When his mother was about ready to consent to the operation, he got better and spoiled it all by a perfect recovery, joined the Federal army, and died at Andersonville, Ga., a prisoner. Although this man made a good recovery without the operation, it would have been better to do it than to have sent him to an asylum. The case was under my care for two months. I supposed his symptoms were due to a clot under the cranial bone, but I might have missed it, had I trephined. The removal of a portion of bone would, in all probability, have compensated for the pressure from the coagula.

In 1868, I was called to the country at night to see a man about thirty years of age; found him cut and sliced in the head, shoulders, and back. He looked very much like a piece of pork prepared for roasting, and I was shown a large pocket-knife with which the work was said to have been done; two thirds of the blade were broken off. He had two or three deep cuts, but I failed to find the knife-blade. One cut was in the temporal bone, which had evidently gone through. I sewed and plastered him, and left. I saw him no more until he came to my office, about well. A few months after he moved away, and remained a year or more. While absent he consulted a doctor for a tumor in the roof of his mouth, at which time the physician found the knife-blade and extracted it. A few months after this he started back to my neighborhood, and in town some of his stock ran and he after them on foot. He suddenly stopped, reeled, fell, and died in a few moments. This was a brother to the man who was struck by the tree. No post-mortem.

In 1869, H., a boy, aged twelve or fourteen, was sitting on a hill-side hulling chestnuts; a large dead tree standing above him on the hill fell (it was entirely destitute of branches), so it came with full sweep and struck him on the side of the head, contused it very much, broke his clavicle and broke his arm on the same side. The boy was found, perhaps hours after, dead, to all appearances. The family physician was called and found him somewhat revived. He dressed his fractures well, and ordered some dressing for his head. His fractures did well, and he had no delirium at all, but suffered constantly with his head. Several days after the injury, I saw him in the absence of his doctor; found him doing well, and did not remove fracture dressings. He complained of a severe and constant headache, not more in the vicinity of contusion than in other parts of the head. He was constipated, and I ordered calomel, to be followed with castor-oil and turpentine. Cold applications were made to the head. I told his mother that if he grew much worse, perhaps it would be well to cut down and examine the parts. He recovered fairly well, and I saw him no more for two or three years. He finally walked fourteen miles to my house to see me. I soon saw that he was crazy. He said he had come to stay with me until I had or could cure him. Said he had a gold mine down in the knobs, and I persuaded him to return to it. He insisted on knowing what I could do for him, I told him that I could trephine him. He replied that I was worse than the tree. It had only struck him on the head and broke an arm, etc., and that I wanted to bore a hole in his head. He asked to be excused, and I gladly did so for the time. The operation was never performed. He is now at the Anchorage Asylum. I truly believe that if this man had been trephined, he would now be at home, a useful man, and that the operation should yet be done. If the operation should be unsuccessful, the patient would not be any the worse; even if it were to kill him his condition would be considerably better than it now is.

In 1869, Aleck, a stout mulatto, aged twenty-three, was struck on the side of the head with an ax. The poll was driven into the head, carrying a fragment down below the sound bone, except at one end of the wound. The probe readily passed under the sound bone at either side and at one end. As there was no doubt about the diagnosis and treatment—although the patient was perfectly rational—I next morning, assisted by Drs.



Mattingly and McDonough, trephined him and removed the entire fragment, leaving an opening two and one half by one and one quarter inches. He made a good recovery, without a bad symptom. He is now a minister of the Gospel.

In 1869, a month or two after this, I was called to see a brother-in-law of Aleck's who had received a punctured fracture of the frontal bone by a sharp-pointed stone, thrown by a stout man. This injured man plowed for a day or two, then went to bed and sent for my preceptor, Dr. M. S. Shuck, a man who in his younger days had done trephining most brilliantly. This man was suffering severely with head symptoms. The doctor prescribed for and left him. I saw him on the eighth day after the injury, and found him furiously mad. It was night, and neither instruments nor assistants could be had, and it was eight miles from town. I went home, but returned next day with my friend, the late Dr. Hopper. On consultation the doctor dissuaded me from the operation, believing it too late to save the patient. The patient died, and I have never forgiven myself for failing to trephine that man, which would have given him the only chance for his life. It was disgraceful in the extreme; I will never again fail in so plain a duty.

In 1870, Mr. W., while blasting rock on a turnpike, was struck by a small stone which descended from a considerable height and drove a sharp point into the top of his head, making quite a hole through the external table into the diploe. I cleaned out the opening and dressed the wound with a cold compress. Although the blow felled him to the ground, the reaction was easily controlled and he readily recovered. This patient died a few years after the accident of "angina pectoris."

In 1874, Mr. M. was quarrying rock. While the hands were holding up a large stone he put down his head to look under it, the stone fell, and a corner struck him on the top of the head, inflicting a scalp wound, with considerable shock. I could detect no fracture. He came to my office frequently to see me. The wound suppurated freely and refused to heal readily, as scalp wounds are wont to do. Finally I discovered a large circular piece of bone, two and one half inches in diameter, somewhat loose, and in moving it matter came from under it. In a short time I was able with the stout forceps to remove the bone, and he recovered quickly. He is now well and stout.

In 1874, Mr. W., a deaf mute, aged thirty,

was struck on the top of his head with quite a large stone. He walked home, but suffered for months with an unhealed scalp wound, which I saw occasionally with Dr. Hopper. Hopper died soon after, and the patient was turned over to me. This case ran exactly the same course as the last. I removed a round piece of bone, about the same size, leaving the rough diploe exposed, which was soon covered by granulations. The patient recovered. After a year or two he had an epileptic convulsion, and has since had perhaps half a dozen, the one occurring a few weeks ago. I have suggested trephining. The offer has not yet been accepted. I regard this as a favorable case to test the value of the operation in epilepsy from injury of the skull.

In 1877 a negro boy, aged twelve, was kicked by a large mule. The left temporal bone was literally crushed and driven in, as was the orbital arch at its anterior margin. It was night when I saw him; and the parts were greatly swollen. I thought the eye-ball had burst. I commenced at the orbit to remove all detached fragments of bone, and soon had quite a space divested of its coverings, and found the cerebrum safe. He had antiphlogistic treatment, and made a good recovery, but was much deformed about the orbit. He is tolerably intelligent and in fair health.

1875. This a remarkable case. A child of Mr. W., aged two, fell from an upper hall to the floor below, a distance of twelve feet. The child was delicate and strumous, with sore eyes for a year or more. Dr. W. E. Mattingly arrived about the time I did. We found the head literally crushed. I took hold of it, and the entire head crepitated under the pressure. We applied a bandage to hold it in shape until the child could die. A few hours after our visit the child began to have spasms. We removed the dressings, enveloped the head in a wet towel, and put some calomel on the tongue. Next morning we found it doing well. The bowels were moved with castor-oil and a turpentine enema. The cold compress was continued. It had no more convulsions after the removal of the bandage. It made a rapid and seemingly good recovery, and I lost sight of the patient for weeks. Finally the little girl was brought to my office in its buggy, looking the picture of health; the eyes were sound and well for the first time for over a year. Upon examination I found a fluctuating tumor, larger than my thumb, six inches long, beginning just above



the eye and passing back diagonally, crossing three sutures, and terminating in the occipital bone. Manipulating, I discovered that under this long tumor there was a groove, as it were, in the bone, with a rough bottom, the diploe. The groove was from one half to one and three quarter inches wide. I could not well see how the external plate had separated from that groove; the fluid had not been there sufficiently long to cause absorption from pressure. I was then undecided, as I am now, as to how the groove came, but I believe the fluid came from within, through a small orifice of the inner cranial table. I showed the case to Dr. Elbee, of the United States Army. He said he had never seen any thing like it. After consultation, we determined to empty the sac with a hypodermic syringe, and succeeded. We shaved the head, applied adhesive strips and a many-tailed bandage. The dressings were torn away twice by the child. Then we determined to let it alone and wait until the plugging up of the opening should stop the exudation of the fluid, expecting absorption of that which was in the sac. All of this occurred after a while, and the groove is gradually filling up, though perceptible yet, after existing eight years. The girl is now the best looking and smartest child of a large family of bright children. The scrofulous symptoms have never returned.

In 1865, I was asked for an opinion in the case of a negro man, aged thirty-five, the subject of convulsions, who had, ten years previously, received a blow on the side of the head from a sharp-pointed stone. The injury gave him no great trouble for a year or two. He then began to have fits, which recurred monthly. There appeared to be a small depression in the bone, certainly in the scalp. I advised trephining, and was engaged by his mother to do the operation for \$100; but in a few days his owner concluded not to have it done, as the negroes would soon be free. After liberation the negro engaged me to do the operation, but, when the time came, he declined to have it done, and said he was better. He is living in this section. I do not know how often he has convulsions now. I was very anxious to trephine him, believing it would be a success, as I could have included the whole depression in the button.

In 1883, G., a stout and healthy negro man, received a blow upon the side of the head which drove a fragment of bone (two and one half by one and one half inches) com-

pletely down below the surrounding bone. Saw him eighteen hours after the injury; found him comatose, with brain substance oozing out of a small scalp wound. There were two wounds of the scalp, more than an inch apart. After consultation with Drs. McChord and Palmer, it was determined to operate next morning. Assisted by these gentlemen and Dr. Ragsdale, I made a crucial incision in the scalp, and, as we were certain the fragments were wholly detached, we turned back the "periosteum" with the flap, and removed a button from the sound bone, and then were unable to remove the fragment, it being so completely under the sound bone I could not elevate it without doing further violence to the already lacerated "dura mater" and brain. With the Heys' Saw I removed a corner off the edge of the skull bone, then, lifting out the fragment with the forceps, Dr. McChord rasped off the edges of the bone and flooded the parts well with water, clearing away the clots as well as possible. We brought the edges of wound together with sutures and applied compress. There were heavy coagula adhering firmly to the under surface of the fragments removed. The wound was treated in the usual manner. Bowels were emptied. He voided his urine naturally, and seemed to be rather rational, but still unable to speak. He died on the fourth day after operation, from inflammation of the brain. The brains were oozing out of the wound for two days prior to death. This was a most unfavorable subject for the operation, but it was the best thing we could do for him; in fact, for two days we were rather hopeful of his recovery.

At the last meeting of the Kentucky State Medical Society, Dr. W. O. Roberts read a paper on fractures of the skull and treatment. He strongly recommended trephining where there is depressed bone or pressure from clot or other causes incident to fractures.

In discussing his paper, Dr. McCormack (Bowling Green) reported a most wonderful and unique case. Were it not that I know him to be a gentleman of ability and veracity, I could not credit it. I think he was not imposed upon by the patient. The history was about as follows: When a boy, the patient was struck with a pointed hammer. He recovered well; grew to manhood; purchased a farm, and married a wife, after which he developed epilepsy. He applied to Dr. McCormack for relief. The doctor trephined him. He made a good and perfect re-



covery; but strange, indeed, he had no recollection of any thing that had transpired from the date of his injury up to the time he was operated upon. He could not believe that he either owned a farm or had a wife, until convinced by the records.

It appears perfectly clear to me, that in skull fractures with decided depressed bone we should operate, and if there be detached fragments, the operation should be done at once, not waiting for the development of dangerous symptoms which would lessen our chances of success. It is equally clear that we should operate for the remote troubles from fractures, if we can locate with certainty the seat of the injury. A few years ago a gentleman of this vicinity died suddenly. Dr. Hodgen and I made the autopsy. When we raised the calvarium, there was attached to the skull-cap a tumor as large as a walnut, which left its bed in the brain. We did not at the time think to examine the skull for a fracture, but I afterward recollected that the man had received a heavy blow on the top of the head from a chair that felled him to the floor, doubtless causing a fracture of the skull, and that this tumor sprang from the injured point.

The expectant plan, so rife to day in the treatment of diseases and injuries, is all well enough save in cases of real danger. But when the mental or physical well-being of the patient is in imminent peril, it behooves us as intelligent and faithful physicians to act promptly and sometimes heroically. Who would not applaud Dr. McCormack for his bold, brilliant, and successful operation, thereby saving the life and preserving the mind of his unfortunate patient, restoring him to his unknown family?

If you were to see a man in deep water, with his arms broken, would you adopt the expectant plan, and stand, seeing him sink, and again, and the third time, and then raise the cry, knowing that he would not rise again? No; you would off with your coat and make a bold and heroic effort to save the drowning man. Then, if your patient, with lacerated scalp, skull crushed, brain compressed, reason dethroned, is unable to ask for aid or dictate the terms of his safety, will you stand upon your expectancy or will you come promptly to the rescue, acting intelligently, fearlessly, and faithfully, proving yourselves worthy of your noble calling?

LEBANON, KY.

## Miscellany.

SYPHILIS FROM ACCIDENTAL CAUSES.—Wherever there is the slightest abrasion of the skin, there is a door of entrance for this disease; and wherever the virus of an infected person can be presented, we have the means of propagating the evil. Public drinking-cups, privy seats, money, and the various articles handled by people promiscuously, furnish the media for conveying this disease from the infected to the healthy. We cite a case in point: A year ago we were consulted by a young gentleman of splendid physique and perfect health on account of a troublesome *fever blister* on the lower lip, which refused to heal. The sore looked angry and leaden in color, was somewhat hardened at its base, and had generally an ugly appearance. I could not trace it to syphilis. Under all of my efforts it gradually progressed, becoming worse and worse, finally causing the lip to become everted, thickened, and would bleed from time to time. I somehow felt that it was syphilitic, but feared epithelioma. I had several eminent medical gentlemen to examine the patient and the universal diagnosis was epithelioma. It was finally decided to operate, and the patient consenting, I accordingly, with the assistance of Drs. R. H. Cowan, O. A. Crenshaw, and Dr. S. P. Moore (late Surgeon-General C. S. A.) who fully concurred as to diagnosis and the necessity of the operation, excised the diseased mass. The patient suffered, just before and after the operation, with most intense rheumatic pains at night.

Three or four weeks after the operation the patient had some sore throat, and suddenly broke out with a *copper-colored* eruption, or rather discoloration; there was some induration about the margin of the wound with a swelling of the submaxillary and sublingual glands.

Being very certain now that syphilis was at the bottom of all the trouble, I again questioned the young man about the possibility of his having drank after any one who might be the subject of constitutional trouble. He then, for the first time, recalled the fact that a week or two before his fever blister troubled him he had been on a pleasure sail with three other companions in a small boat, and they had a small flask of spirits along, out of which they all drank, one after another, and he having charge of the helm of the boat generally got the last



drink; upon further inquiry, I ascertained that the party who drank just before my patient was suffering from constitutional syphilis at the time. I immediately prescribed bichloride of mercury, and kept him upon it until he was a well man in every particular. I would advise our professional brethren to look closely for syphilis in many stubborn cases of skin disease, sore throat, ulcers, rheumatism, and other affections of doubtful origin, however light the suspicion of syphilis may appear.—*Southern Clinic*.

TEA-DRINKING.—The Dean of Bangor has lately called public attention to the manifold evils which he conceives are being wrought among us by the prevalence of tea-drinking. (*British Medical Journal*.) His gloomy forebodings predict little less than our general physical and moral decadence as a people and nation if we persevere in our addiction to the pleasures of the tea-pot. While it is true that tea, like every other beverage, is liable to abuse, and that its abuse is like to produce certain well-defined bodily derangements which long have been recognized by our profession, the maladies which are fairly traceable to the drinking of tea are relatively so trivial that the melancholy views of the worthy dean will not find support either in general popular observation or in medical experience. If tea is pure, and free from poisonous "facings," the daily drinking of an infusion of it, in any thing like moderate quantity, is free from all risk, either immediately or remote. It is well known to medical practitioners that there is a common form of dyspepsia, which is especially prevalent among the poor, which is mainly due to the excessive consumption of tea. The subjects of this disorder are commonly found to have been trying to "live" chiefly on tea, which has been supplemented only by small supplies of the coarsest solid food. Such poor persons drink tea with every meal, and between their meals, from an infusion which "stands" continuously, and which is consequently largely charged with the astringent matters which tea-leaves freely yield on prolonged maceration. Under these circumstances the excessive drinking of tea produces a variety of chronic gastric catarrh. In persons predisposed to the disorder, the consumption of strong tea will also undoubtedly produce and keep up palpitation of the heart. This possible and removable cause of cardiac derangement should al-

ways be sought in the treatment of cardiac neuroses. These are the chief and the utmost human ills from which tea-drinking is fairly responsible. On the other hand, infusion of tea is a harmless restorative and stimulant, which has taken a high and lasting place among human comforts. Properly used, it refreshes after fatigue, enlivens the dull, and cheers the depressed, while it aids digestion, promotes the removal of effete material, and has some protective virtue against the extremes of heat and cold. No secondary depression follows these good effects. As an article of diet for soldiers on active service, especially in hot climates, the value of tea has been often proved, and is attested by the highest authorities.

GOLD MEDAL AND FOREIGN HONORS TO PARKE, DAVIS & Co.—Not content with introducing the products of their laboratory into every town and hamlet in every State of this Union, that aggressive firm, Parke, Davis & Co., have now invaded Europe, and soon the initials "P., D. & Co." will be as conspicuous on the prescriptions of physicians abroad as they are at home. For over a year such an increasing frequency of references to the new drugs of this firm's introduction has appeared in the foreign journals as is calculated to show that they have taken a firm hold, even among our very conservative transatlantic brethren.

The latest evidence of the popularity of Park, Davis & Co. abroad comes to us in the very flattering notices which the foreign journals have given their display at the International Pharmaceutical Exhibition at Vienna. While the pharmaceutical excellence of the products of their laboratory had been conceded by physicians, neither the physicians nor pharmacists of Europe were quite prepared for the artistic elegance and beauty of finish of which the firm showed itself capable at the International Exhibition. The lay interest at this exhibition was largely centered in their display, and, as evincing the nature of that interest, mention is made of the fact that the Emperor and the Archdukes Karl Ludwig, Ludwig Victor, and Wilhelm took special pains to compliment the house, through its representative, on its commercial enterprise and artistic taste. The jury of award of the Exhibition conferred on the display a gold medal and diploma. We congratulate Messrs. Parke, Davis & Co. all the more heartily on the foreign distinction which



they have thus achieved, because of the evidences which they have given the profession of this country that it was not unmerited.

**POISONING BY DATURA STRAMONIUM.**—Dr. W. J. J. Paris, in the *Southern Practitioner*: Two children, aged five and seven, about five o'clock P.M., had eaten of the seeds of datura stramonium. The quantity could not be ascertained. About six P.M. they both began to complain of pains in all parts of the body, of burning in the throat, and to scratch and rub their limbs and necks. The skin became bright crimson, especially about the neck and head. They gradually sank into a comatose state, from which they would occasionally rouse up and fret and scratch a few minutes. In this condition I found them at eleven P.M. The girl, who seemed least affected, had scratched until her undergarments were all specked with blood. It was difficult to arouse them, but when aroused they seemed only semi-conscious, and would not open their eyes on account of photophobia.

Pulse 130, and strong; temperature normal; respirations, of one 24, and of the other 30, deep and regular; pupils slightly dilated; face, especially about the eyes, edematous; head very hot, and carotids throbbing strongly. I decided that it was too late for an emetic to do any good, and administered one tablespoonful castor-oil, one teaspoonful peach brandy, and fifteen drops bromidia to each of them, and bathed their heads, necks, and faces in cold water and put them back to bed. They slept naturally one hour, when I aroused them again and repeated the brandy and bromidia. This time they sat up, opened their eyes and talked cheerfully for a few minutes, showing no untoward symptoms except slight tremors, dilatation of the pupils and drowsiness. Next morning both quite well, though bowels had not moved.

**USE OF THE RECTAL LEVER.**—On October 9, 1883, Mr. Cowell amputated through the left hip-joint of a man, in the Westminster Hospital, for old-standing disease of that articulation. (*British Medical Journal*.) Mr. Richard Davy controlled the common iliac artery with his lever; four ounces of blood were lost. The man is progressing favorably. On October 10, 1883, Mr. Turner tied the right gluteal artery at the Seamen's Hospital, Greenwich. Mr. W. Johnson Smith has communicated the following

note on the case: "Mr. Turner's patient was the subject of a very extensive traumatic aneurism of the gluteal artery, which vessel it was thought necessary to expose by dissection so as to tie it above and below the opening. As the patient was old, and had been much weakened by hemorrhage, it was very necessary to do all this without causing much further loss of blood; and as the abdominal compressor is an uncertain instrument, and likely, by itself, to cause shock, the operation on this patient would have been difficult, if not impossible, without the use of Davy's lever. This was applied by the house-surgeon, with thorough success. We saw the opening in the artery, and the double ligature was applied in an almost bloodless wound, and, beyond the blood already extravasated into the sac of the aneurism, there was not a further loss than of, at the most, half an ounce."

**DISEASE ON THE TAPIS.**—A correspondent very judiciously points out that the present eccentric fashion of furnishing drawing-rooms with old Oriental rugs is both offensive and hazardous. (*British Medical Journal*.) These rugs, when they are what they are represented to be, have been used as "passage-rugs" for long periods, sometimes reaching up even to a hundred years; and must, in many instances, have been knelt on by persons affected by leprosy and other loathsome diseases. Now, the odor of sanctity is not a good disinfectant; and the danger is, that these faded and frowsy floor-coverings may import among us some very unpleasant maladies. *Old Persian rugs should either be banished from English homes, or should be baked, before being introduced into them, to a degree that will add the charm of singe to that of tinge.*

**POISONING FOR MONEY.**—There seems to be very strong evidence that at Liverpool the police have lighted upon one of those cases of systematic poisoning for gain which crop up every few years, and which, from their invariably tardy discovery, give one much reason to fear that for every such case brought to light there must be many which have remained unsuspected. (*Med. Times and Gazette*.) The history is the same in all. At first the murderer is careful and prudent, employs every precaution to avoid discovery, has no confederates, and waits a long time between each case. Then, as doctor after doctor is taken in, and murder after murder goes undiscovered, he gradu-



ally becomes bolder, till at last he appears absolutely reckless, and carries out his designs almost in the light of open day, either from a spirit of bravado, the result of continued impunity, or because the fascination of his horrible pursuit is such that he can no more conceal it than one can prevent a sneeze. Every case goes to prove that the safety of the public lies less in the apparatus of death-certificates, coroners' inquests, and directors of public prosecutions, than in the nervous instability of the murderer. A course of poisoning seems to resemble one of gambling; it robs the strongest brain of its coolness. But it is surely not very creditable to science and civilization, that it should invariably be the weakness of the criminal rather than the strength of the detective that at length brings these cases to light. The possibility of them ought to be in the mind of every doctor who has cases as to which he can not form a definite diagnosis. It may be admitted that there is a strong temptation not to make a stir about a case when the suspicion is only slight, for if it should turn out to be unfounded, or, though correct, can not be proved to be so in a court of justice, the doctor's position is not likely to be a bed of roses. Then the coroner is anxious to keep down expenses, and the coroner's clerk perhaps finds it pay better to prevent an inquest than to call one. So the interest of all the recognized detectives of such crimes blinds them to their occurrence, and between them all, no doubt, many a poisoner has gone unpunished.

**DEATH FROM HYDROPHOBIA.**—An inquest was held this week on a little boy, two and a half years of age, who was bitten on the wrist by a strange dog, which ran in at the open house-door. The wound was cauterized, and the child appeared to be doing well until last Wednesday week, when he became restless, refused to take food, and finally died in great pain on Saturday last. The jury returned a verdict of death from hydrophobia, in accordance with the medical evidence.—*British Medical Journal*.

"WELL," remarked a young M. D., "I suppose the next thing will be to hunt out a good situation, and then wait for something to do, like Patience on a monument." "Yes" said a bystander, "and it won't be long after you do begin before the monument will be on patients."—*Phila. Med. and Surg. Reporter*.

**AMERICAN PUBLIC HEALTH ASSOCIATION.** The eleventh annual meeting of the American Public Health Association will convene in Detroit, Mich., November 13, 1883, at 10.30 A.M., and continue till November 16th. The meetings will be held in Merrill Hall, corner of Jefferson and Woodward ave's. The Executive Committee will have rooms at the Russell House, and will hold a session each morning and evening at 9 o'clock. The main subjects for discussion will be as follows: Malaria, Foods, Vital Statistics, The Control and Removal of all Decomposable Material from Households, and Physical Training. Besides those under the above general heads, there will be interesting papers on Texas Cattle Fever, etc. Full reports are also expected from all committees. The subject for each day's consideration will be stated the previous day, and an official programme will appear each morning. Ample time for discussion will be allowed under the rules of the Association. All papers should be in the hands of the Secretary, Dr. Azel Ames, jr., Wakefield, Mass., by November 10th, in order to receive the approval of the committee. Papers have been promised by a number of prominent sanitarians. The attendance will doubtless be large, and the session uncommonly interesting and profitable.

**THE STEED OF STEEL.**—In his chatty and suggestive article in one of the magazines, Dr. B. W. Richardson lauded the "cycle" as a means of healthful exercise, but he has said little about it as a means of locomotion from the doctor's point of view. (*Medical Times and Gazette*.) The time is probably still far distant when it may be deemed generally consistent with the dignity of the healing art for the medical attendant to alight, red-hot, and in athletic garb, at his patient's door. Even in the level midlands and in rural districts the "cycle" is still only the recreation of the few, and the means of professional locomotion of almost none of our medical fraternity. What may be the outcome of the future, by what means the powers of electricity may be made to subserve the exigencies of wide-spreading practice, may as yet be only guessed at by the many while confidently anticipated by the scientist. For the present, the cool head and hand, the dress of ordinary life, and the conservation of medical energy by the employment of the horse's (not the doctor's) muscles as a motive force, are as customary as desirable.



But the "cycle" may be a good friend to the surgeon, notwithstanding, and may facilitate practice in one way if not in another. It would be interesting to collect and tabulate the number and variety of accidents met with in the use of the machine. Such a catalogue would surely cause the hunting-field, as a source of danger and injury, to sink into extreme insignificance. From one country town, in one week, we hear of a fracture of metatarsal bones, a double Colles' fracture, a strain of the recti muscles, and a badly cut head, under simultaneous treatment. This excludes another case where the refractory tricycle swerved from the hands of an inexperienced rider into a team of dray horses, who promptly reduced it into whatever may be the ferrous equivalent of "matchwood," the rider escaping, as by a miracle, with a general shaking and some bruises. From a surgical and financial point of view, we may conclude the "cycle" is not altogether such a "nuisance" as the doctors, with the rest of the driving and riding public, are apt so emphatically to affirm.

**ANTHROPOMETRY.**—Some interesting facts were made public, at the recent meeting of the British Association, as the result of the labors of the Anthropometric Committee, which was appointed in 1875, to collect and analyze information upon the physical character of inhabitants of the British Isles. (*Med. Times and Gazette*.) Statistics have been collected, relating to fifty-three thousand individuals of both sexes; and the results of the labors of the Committee are embodied in several important and interesting tables. The average height of adult males in Scotland is 68.71 inches, in Ireland 67.90, in England 67.36, and in Wales 66.66. The weight of the average Scotchman is 165.3 pounds, of the Welshman 158.3, the Englishman 155, and of the Irishman 154 pounds. The Scotchman weighs 2.40 pounds per inch, a Welshman 2.37, an Englishman 2.30, and an Irishman 2.27 pounds. One table deals with the relative stature, weight, and strength of arm of adult English males and females. The average stature of males is 67.36 inches, and of females 62.65 inches; the weight of the former 155.0, and of the latter 122.8 pounds. Inhabitants of northern are taller in stature than those of other climates. Taking the British people as a nation, and comparing with ninety-one peoples, the average stature of the Britisher is two and a half inches more than all except

the Polynesians and New Zealanders, who average one and two thirds inches more than the Britisher. It is interesting to know that the tallest Englishmen are those of the professional classes. The ratio of weight to stature is in trained athletes 2.10 pounds, and in ordinary individuals 2.32 pounds per inch. A trained athlete of five feet seven inches should therefore weigh ten stone, and an untrained man of the same height eleven stone. Some very interesting measurements concerning children are tabulated. At birth males are one third inch longer and three ounces heavier than females—19.53 to 19.32 inches, and 7.12 pounds to 6.94 pounds respectively. Growth in children is most rapid during the first five years, and is about the same in rate in both sexes. From five to ten, boys grow more rapidly than girls. From ten to fifteen, girls beat boys, and at eleven and a half to fourteen and a half years of age are taller than boys, and at twelve and a half to fifteen and a half heavier. This is attributed to the earlier accession of puberty in girls. From fifteen to twenty, boys again take the lead, growing at first rapidly, then more slowly up to twenty-three. Girls attain full stature at twenty, boys not till twenty-three. The strength of both sexes increases up to thirty, and then declines to sixty.

**A PROVIDENTIAL ACCIDENT.**—A patient with locomotor ataxy consulted Dr. Hammond, who advised him to go to bed and remain there for six months. The patient said it was impossible for him to go to bed, and that if that were necessary he must give up treatment. On leaving the consulting-room, however, he slipped and broke his thigh, and, being taken home, he completed his good fortune by calling in an "irregular practitioner," who kept him in bed for a year. At the end of that time the patient arose, cured not only of his fracture, but of his ataxy also, and has remained well ever since.—*Med. Times and Gazette*.

**EFFECT OF PILOCARPIN UPON COLOR OF THE HAIR.**—Dr. Pohlman (*Buffalo Medical Journal*) says: "I have succeeded in demonstrating the capability of pilocarpin to darken the color of the hair in the presence of pigmentary matter, perhaps by a stimulating action on its formation; but that the drug is unable to produce color where pigmentary matter is absent, as shown in the case of experiments upon Albino rabbits.—*Southern Med. Record*."



**FILTHY STREETS.**—Our esteemed contemporaries, the Sanitary News and the Weekly Medical Review, of Chicago, are both concerned for the cholera aspects of the abominably filthy streets of that city. The former calls upon the police to arrest any one found throwing garbage into the streets. To this the latter demurs: "What are the numerous inhabitants of our large city to do with their garbage? They can not eat it; they can not or should not put it in their cellars. The only thing that the preservation of their health suggests, is to get it out of the house, and the city authorities will have reason to be proud of inhabitants who will religiously do that." *No, no*; the Sanitary News is right as far as it goes. It should have added: Make the people *burn* their garbage. To do this effectually and without offense, they can learn by inquiry of Myers's Sanitary Depot, New York, where garbage burners are to be had at little cost. *Sanitarian*.

**FRENCH CELTS.**—There are one hundred and forty thousand houses in France without that indispensable requisite to health, a window. M. Marten Nadaud, Deputy for Creuse, made this statement at a recent meeting of the Trades Confraternity in Paris, and he added, "In these houses, which have no flooring but the soil, which are without chimneys and without light, whole families live with the domestic animals for companions, and with the pig as a guest."—*Medical Times and Gazette*.

**RECREATION.**—Three things seem to lie at the basis of healthy recreation—first, uncertainty; second, wonder; and, third, the exercise of skill, whether mental or bodily, in something unlike the ordinary day's work. A great part of our recreation is really the survival in us of instincts and practices which belong to distant ancestors—such as fishing, hunting, clearing forests, making roads, wandering, and picnicking.

**THE U. S. PHARMACOPEIA.**—Any person having purchased a copy of the U. S. Pharmacopeia of 1880, and desiring a list of the corrections since made therein, can procure same by sending a two-cent stamp to Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, N. Y.

**DR. ACLAND**, Regius Professor of Medicine in the University of Oxford, has been made a Companion of the Order of Bath.

**DR. ROCHARD.**—The Medical Inspector-General of the Fleet, Dr. Rochard, uncle of M. Camescasse, prefect of police, while walking home in the Avenue Gabriel, Champs Elysées (Paris), on Wednesday evening, was shot in the back, and now lies very seriously injured. He does not know who was his assailant, nor what can have been the motive for the crime. The police have not yet found his assailant.

THERE may exist philosophers who professedly scorn to bestow so much thought on their daily food. But as we bring into the world with us the necessity of eating something at least three times a day, it is no proof of wisdom, but the contrary, to affect indifference respecting the substance and preparation of what we eat.

**TRICHINOSIS.**—An epidemic of trichinosis has broken out at Ermsleben, near Halberstadt, in the province of Saxony. Four deaths have already been reported, and there are one hundred and eighty persons more or less dangerously ill. Fresh cases of attack are reported every day.

**WAR AND SANITATION.**—M. Bechamp, when recently enunciating his doctrine concerning micrococci and their evolution, terminated his discourse by saying that if the thousandth part of the sum expended for warlike purposes were devoted to rendering towns and cities healthy, legions of lives would be saved, and riches and strength thus multiplied beyond calculation.

A VERDICT of willful murder has been returned against Dr. Ford, at Ashton-under-Lyne, England, for causing the death of a servant-girl by an illegal operation.

THE death from chloroform of an adult male, while undergoing an operation for strabismus, is reported to have occurred in the Belfast Royal Hospital last week.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from October 27, 1883, to November 3, 1883.

*McKee, James C.*, Major and Surgeon, relieved from duty in the Department of California and assigned to duty as Medical Director Department of the Columbia. (Par. 5, S.O. 249, A.G.O., October 31, 1883.) *Price, Curtis E.*, Captain and Assistant Surgeon, assigned to duty at Fort Custer, M. T. (Par. 1, S.O. 187, Department of Dakota, October 25, 1883.)



# The Louisville Medical News.

Vol. XVI. SATURDAY, NOV. 10, 1883. No. 19.

LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - } Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

Books for review, and all communications relating to the columns of the Journal, should be addressed to the EDITORS OF THE LOUISVILLE MEDICAL NEWS, LOUISVILLE, KY.

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440 to 446 West Main Street, Louisville, Ky.

## SPECIALISTS' RIGHTS.

We publish below the opinion of Prof. N. S. Davis on the privileges of specialists under the code. Dr. Davis is the father of the American Medical Association, the editor of its official organ, a man honored wherever his name is known, beloved by all who have come in contact with him, and the highest authority on medical ethics. Specialists, it is now clear, may put on their office signs, on their cards, and in any proper advertisement, "Practice limited to," etc., whatever the limit may be. It is curious this privilege was so long overlooked. Its recognition is the beginning of a wide departure from old-time custom and before the moustaches of the middle-aged men of the profession are white, the Code of Ethics of the American Medical Association will have been thoroughly revised and practically altered. May the fulness of wisdom be with its revisers.

**SPECIALITIES, AND THEIR ETHICAL RELATIONS.** Twice, within a short time, has the editor of this journal been applied to for information (and many other times in the years past) in regard to the questions, "*How far, and in what way*, can those members of the profession who are desirous of pursuing a special practice, or, in other words, limiting their practice to certain diseases or the affections of certain organs, make known their position by cards or advertisements without vio-

lating the National Code of Ethics? The highly intelligent sources from which these inquiries have come render it probable that only a small number in the profession know the answers that have been given at different times by direct action of the American Medical Association. It is well known that the National Code of Ethics contains no allusion to *specialties*, in the sense that the word is now used, but simply declares it to be "derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made; etc." It declares: "These are the ordinary practices of empirics, and are highly reprehensible in a regular physician."

Admitting that these provisions plainly prohibited all classes of regular and honorable practitioners from advertising either in the public prints or by private cards in such a way as to call the attention of those laboring under particular diseases; the rapid development of specialties soon led those following them to assume special titles not conferred by any educational institution, and not only put the same on their cards, but, in addition, to use such expressions as "special attention" given to this or that disease or class of diseases.

It was claimed by many of the specialists that the daily use of cards containing such titles as Ophthalmologist, Otologist, Gynecologist, and such expressions as "Special attention given to Diseases of the Eye and Ear," or to "Diseases of Women," etc., and the publication of such cards in strictly professional journals, or the sending of them in envelopes to members of the profession, was not "inviting the attention of individuals affected with particular diseases," and consequently not a violation of the Code. And individuals of this class managed to discuss the subject and urge these views during some part of almost every annual meeting of the American Medical Association prior to 1868. At the meeting of that year, Dr. E. L. Howard, of Baltimore, offered the following resolution:

"*Resolved*, That a committee of three be appointed, to report at the next annual meeting on the subject of specialties in medicine, and on the propriety of specialists advertising."

"After much debate, the previous question was called by Dr. Bibbins, of New York, and sustained, and the resolution was adopted by a large majority. The President appointed as the committee, Drs. E. Lloyd Howard, Frank Donaldson, and Christopher Johnson, of Maryland." (See Transactions of Am. Med. Association, vol. xix, p. 35.) At the next annual meeting, held in May, 1869,



this committee made a report, which closed with the three first resolutions given below. The fourth resolution was moved as an addition by Dr. L. P. Yandell, jr., of Louisville.

"*Resolved*, That this Association recognizes specialties as proper and legitimate fields of practice.

"*Resolved*, That specialists shall be governed by the same rules of professional etiquette as have been laid down for general practitioners.

"*Resolved*, That it shall not be proper for specialists publicly to advertise themselves such, or to assume any title not specially granted by a regularly chartered college.

"*Resolved*, That private handbills addressed to members of the medical profession, or by cards in medical journals, calling the attention of professional brethren to themselves as specialists, be declared in violation of the Code of Ethics of the American Medical Association." (*Vide Transactions*, vol. xx. p. 28.)

These four resolutions were deliberately adopted by a vote of the Association and have remained unchanged since.

They constitute no part of the constitution, by-laws, or Code of Ethics of the Association; but are to be regarded as indicating the views of that organization concerning the questions involved.

Some of the restless ones were not satisfied, however, and at the annual meeting of the Association in 1873, a resolution was adopted requesting the members of the Judicial Council as a committee to inquire into the expediency of a general revision of the Code of Ethics, and report at the next annual meeting. In obedience to this request the committee, consisting of members of the Judicial Council, gave the subject full consideration and reported at the meeting in 1874, and the report was unanimously adopted by vote of the Association. That part of the report relating to the subject now under consideration is in the following words:

"The Code of Ethics very properly makes no mention of specialties or specialists, but presents plainly the rules necessary for the maintenance of professional character as applicable to all. But we are asked how, then, can those who wish to pursue a special practice make known their position to their brethren and the public? We answer that the title of Doctor of Medicine covers the whole field of practice, and whoever is entitled to that appellation has the right to occupy the *whole* or any part of the field, as he pleases. The acceptance of this honorable title is presumptive evidence to the community that the man accepting it is ready to attend practically to any and all duties which it implies. *As all special practice is simply a self-imposed limitation of the duties implied in the general title of doctor, it should be indicated, not by*

*special or qualifying titles, such as oculist, gynecologist, etc., nor by any positive setting forth of special qualifications, but by a simple, honest notice appended to the ordinary card of the general practitioner, saying, 'Practice limited to diseases of the eye and ear,' or 'to diseases peculiar to women,' or 'to midwifery exclusively,' as the case may be. Such a simple notice of limitation, if truthfully made, would involve no other principle than the notice of the general practitioner that he limits his attention to professional business within certain hours of the day. Neither could it be regarded as a claim to special or superior qualifications. To give the specialist any privileges beyond this, would be to invest him with a special advantage inconsistent with the equality of rights and duties pertaining to the profession."*

We are not aware that the Association has taken any action in relation to the Ethical Status of Specialties since the adoption of the report of which the above quotation is a part. Taken in connection with the resolutions previously quoted, each member of the profession can see plainly just how far, and in what way, he can make known, both to the public and to his professional brethren, the fact that he desires to *limit* his practice to any particular part of the general domain of medicine and surgery.

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**HOT MILK AS A RESTORATIVE.**—Milk that is heated to much above 100° F. loses, for the time, a degree of its sweetness and its density; but no one fatigued by over-exertion of body and mind, who has ever experienced the reviving influence of a tumbler of this beverage, heated as hot as it can be sipped, will willingly forego a resort to it because of its having been rendered somewhat less acceptable to the palate. The promptness with which its cordial influence is felt is indeed surprising. Some portions of it seem to be digested and appropriated almost immediately; and many who fancy they need alcoholic stimulants when exhausted by labor of brain or body, will find in this simple draught an equivalent that shall be abundantly satisfying, and more enduring in its effects.—*The Popular Science News*.

**DELIRIUM TREMENS.**—Mr. Sampson Gan-gee recommends for delirium tremens twenty-grain doses of bromide of potassium and forty drop doses of tincture digitalis, repeated as frequently as necessary and as permitted by the general strength.

A VETERINARY Medical Society of the State of New York was recently organized.



## Bibliography.

**A Manual of Pathology.** By JOSEPH COATS, M. D., Pathologist to the Western Infirmary and the Sick Children's Hospital, Glasgow, etc. With three hundred thirty-nine illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883.

The issue of this elegant and masterly work, by one of our leading publishing houses, is evidence of the impetus which pathological study has received during the last few years in this country.

It has been justly urged by our co-laborers on the other side of the Atlantic that, while American doctors are among the best in the world in their management of disease, they are too often wanting in a knowledge of those deeper things which go to make up the qualifications of the scientific physician. This has too long been true; but it is evident to those who note the signs of the times aright, that, with our ever-increasing hospital facilities, our large medical societies, and the careful practical study given to this branch in our leading medical schools, that the day is not far distant when American physicians can measure their attainments in pathology with those of England, France, or Germany, and suffer nothing by the comparison.

Such works as the volume under notice will do much to favor this state of affairs, and we are confident that our readers will find it by far the most learned and complete treatise upon the subject which has appeared during the present year, notwithstanding the fact that this year has witnessed the publication of an unusually large and excellent number of pathological works.

**Chemistry: Inorganic and Organic.** With experiments. By CHARLES LOUDON BLOXAM, Professor of Chemistry in King's College, London, etc., from the fifth and revised edition, with two hundred and ninety-two illustrations. Philadelphia: Henry C. Lea's Son & Co. 1883.

As a text-book for the student in general chemistry this work holds a deservedly high place.

The object of the author is to furnish a manual illustrative of a course in chemistry as taught in higher schools and colleges, at the same time preparing the student for practical work in medical, pharmaceutical, and manufacturing chemistry.

The work is compactly framed, but at the same time sufficiently full to do justice to every topic within its scope. The English

system of weights and measures, and the Fahrenheit scale of thermometry are exclusively employed in its pages, with arithmetical problems in stoichiometry, the author believing that the metric system, in the first instance, and the centigrade scale and algebraic forms in the second, would prove but stumbling blocks to the student. This holding on to an obsolescent system of weights and measures can not but damage the popularity of the manual with those who work in and teach chemistry in this country, since no analyst on this side of the Atlantic, unless he be too old to learn the new system, would waste his time in calculating his results by the English method, and no wise teacher would dare to leave his students ignorant of the new, which he well knows is in common, and will be in exclusive use, in all laboratory work before the end of another decade. The employment of both systems would have been a wiser plan.

The theoretical chapters are simple and very satisfactory, a remark which, unfortunately, can not be truthfully made of many of our text-books in chemistry. But the points above named shrink into comparative insignificance in view of the masterly manner in which the practical parts of the work are treated.

No chemist will fail to give this book a place in his collection of standard works.

**The Pathology and Treatment of Venereal Diseases.** By FREEMAN J. BUMSTEAD, M.D., LL.D., late Professor of Venereal Diseases at the College of Physicians and Surgeons, New York, etc., and ROBERT W. TAYLOR, A.M., M.D., Professor of Venereal Diseases in the University of Vermont, etc. Fifth edition, revised and re-written, with many additions by Dr. Taylor. One hundred and thirty-nine wood cuts and thirteen chromo-lithographic figures. Philadelphia: Henry C. Lea's Son & Co.

The simple announcement of a revised edition of this classic work is all that is required at our hands. Its supremacy among all similar books within reach of American physicians has never been questioned. Dr. Taylor was associated with Dr. Bumstead in the preparation of the fourth edition, and in revising it for the present edition has brought into requisition an amount of learning and ability sufficient to make it a worthy continuation of the great work of its late distinguished author.

**MANUAL OF PRACTICAL HYGIENE.** Parkes. Volume I. New York: Wm. Wood & Co.



## Correspondence.

### FOREIGN LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

*Editors Louisville Medical News:*

Yesterday was a delightful day. We reached Sandy Hook after the most disagreeable and boisterous voyage I ever had on the Atlantic, and I was well pleased when I had my foot on dry land again. My letter from London gave you much that I saw in that place, but I have a few things more of interest to report, since I had the pleasure to visit most of the large London hospitals, through the kindness of Mr. McKellar, who gave me letters of introduction to all the best men in London. It is necessary to know the operating days in the different hospitals, as on the other days a person can only go through the wards, or inspect the clinics, and find not much of importance. But one thing is certain, they have more material there than we have in America, and all the polyclinics are similar to those in Berlin and Vienna.

On Monday I took in St. Thomas Hospital, which is certainly one of the finest institutions the city can boast of—very large lofty rooms, with hall-ways, and two great operating rooms with amphitheatres of large size, seating several hundred students. Here I met Mr. Croft, a very jovial gentleman, who was operating for rupture of the perineum, using catgut for ligatures and silver wire for sutures. He is a great friend of Dr. D. W. Yandell, sends his best regards, and wants it mentioned that he has commenced to use the plaster-of-paris bandages and is well pleased with them, notwithstanding the opposition of so many others. He took me through his whole department and showed me all cases of interest. They do not use the spray here, as in King's or Guy's, but carbolic-acid dressing, etc. is indispensable.

Tuesday was the great operating day at Guy's, and I went out there to see Messrs. Bryant, Clement Lucas, and Howse. Operations here are performed in the amphitheater, and mostly with the spray; they are strong adherents of Mr. Lister, and can not recommend it too highly. They always lecture on the operation to be performed, and I heard a very interesting discussion on surgical diseases of the kidney by Mr. Clement Lucas, who had explored the kidney many times without any disastrous result. Undoubtedly

great advances in this direction have been made of late, and nephrectomy and nephrotomy have become quite fashionable. Of course, only when one organ has been attacked, an operation is possible, and such diseases which degenerate the kidneys must be excluded from it. It seems an almost harmless operation under the spray; and the neuralgia which a patient has suffered from it is relieved, but not instantly.

Mr. Bryant removed a cancerous breast, which had existed for six years; in the last six months it had broken down, ulcerated, and caused a good deal of hemorrhage, which was rapidly weakening the woman. Of course the operation was not performed with the expectation of prolonging life, but only to prevent the repetition of severe hemorrhages. The arteries were twisted, a boiling hot sponge applied to the surface of the wound, and the latter not closed but allowed to heal by granulation, under carbolized lint dressing, and the arm was tied to the body by means of a roller bandage.

Next came an amputation of the thigh by Mr. Howse, on a patient upon whom resection of the knee-joint had been performed six months before, but which had been a failure. He used a rubber bandage as tourniquet and made bilateral skin flaps. The operation was performed under the carbolic spray, catgut was used for ligatures, and, to arrest any venous or capillary bleeding, a boiling hot sponge was applied to the stump, all the water having been squeezed out by twisting it in a towel. This was repeated until all the vessels had contracted, and the flaps united with silver wire sutures, a drainage-tube remaining in the lower edge to allow free discharge.

The next operation was osteotomy for curved tibia, by Mr. Clement Lucas. This has become one of the most fashionable operations in England during the last six years, and the results have been so flattering that in only one case out of several hundred has gangrene appeared. This patient, a child three or four years of age, had extremely bowed legs, the excurvation of the tibia and fibula, being the result of rickets, and giving a space of several inches between the knees. A fortnight ago the operation had been performed on the left leg. The tibia was sawed through subcutaneously, fibula simply divided and a posterior and lateral external splint used to keep the limb in a straight position. There had been only a slight rise of temperature the next day, subsequently the wound had well healed and



osseous union was taking place between the fragments. He prepared now to operate on the right leg with the carbolic spray, a small opening was made on the inside of the leg with a tenotome, the fascia loosened from the tibia, a small saw was introduced subcutaneously and the tibia divided. The fibula was broken by force. The wound, well cleansed, was closed by a fine silver wire suture, and a wooden posterior and exterior splint with foot piece well padded was fastened to the limb by adhesive plaster, the wound was covered by iodoform gauze, and a *beeswax*-bandage was put over the limb which was previously wetted with the spray, but not over the wound, and a carbolized gauze bandage carried over the whole limb.

October 10th was Lister day at King's College Hospital, and I prepared to see this remarkable man, whose name is more closely connected with modern surgery than anybody else's. He had just returned from the Continent, and had to tell a good deal about Vienna, Buda-Pesth, and Berlin. I asked him what he thought of the use of corrosive sublimate, and he answered that it certainly has advantages over carbolic acid, that it not alone kills the bacteria but also the spores; but he was so well satisfied with his success in carbolic acid that he did not like to quit it. His lectures are very interesting, and he always explains his operations thoroughly beforehand. He had, to-day, an abscess of the neck in a girl about twelve years of age, opened it under the spray; he introduced a drainage-tube which was large enough to permit free discharge, the after-dressing was iodoform gauze, plenty of it, and a bandage carried around the head and neck, and a rubber band outside of it to make sufficient pressure upon the abscess:

Next came an operation for strangulated hernia; and afterward Mr. Lister took me through his ward, the old Fergusson ward, and showed me two fractures of the neck of the femur, one in a woman of sixty-eight and another in a man of seventy-four. Where bony union has taken place, he uses a splint similar to the old Desault, and confines the patient for two months in the recumbent position. There were several cases of coxalgia, and when the acute stage has passed he allows the patient to walk about with a thick cork sole under the shoe. After the pelvis has changed to it, he cuts off one eighth of an inch; after a lapse of a week or so, a little more, and so on until the soles under both shoes correspond. He claims this

to be an excellent plan and preventive of great deformity. Mr. Lister is not a friend of plaster-of-paris bandage, but prefers one saturated in a solution of glass (silicate of soda or potash), as it is so much lighter. It may do very well in hospital practice, where a surgeon has one half dozen or more assistants; but I can not like it in private practice, it takes so long to get dry and hard. Mr. Lister has certainly done a great deal for the profession by the invention of the carbolic spray and drainage-tube now so extensively used on both sides of the Atlantic—and the healing of an aseptic wound requires so short a time.

By an introduction from Mr. McKellar, I took a walk through the Royal Orthopedic Hospital, and saw all the different apparatus used there. Tenotomy is the operation done in all forms of club-foot and contracted tendons; and I saw all sorts of complicated shoes and apparatus used for curvature of the leg, as they don't perform osteotomy here. I was more favorably impressed with an apparatus for knock-knee than any thing else, and particularly their application for Pott's disease of the spine. They do not use Mr. Sayre's plaster-of-paris jacket, but a steel apparatus which they can tighten with a key as they please, and apply as soon as the acute or ulcerative stage is passed. A hollow pad is adapted to the angular projection behind.

Now I must close, as I have related about all that may be of interest to your readers. In a few days I shall be with my family in Fredericktown, to take a little rest after my exhaustive trip.

E. VON QUAST, M.D.

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## Selections.

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GARTNER'S DUCTS IN WOMEN.—In a paper published in a recent number of the *Archiv für Gynäkologie*, Dr. J. Kocks, of Bonn., describes certain fine canals which he has been able to find in about eighty per-cent of those women in whom he has searched for them, and which he believes to be the remains of Gartner's ducts. These canals open close to the posterior margin of the meatus urinarius, and a probe of one millimeter (about one twenty-fifth of an inch) in thickness can be passed into them for a distance of from half a centimeter to two centimeters (about one fifth to four fifths of an inch). Their orifices are often situated a



little distance behind the urethral orifice, so that the canal has to be held open in order to see them; but generally, said Kocks, the openings are to be found at the summit of the little lips of mucous membrane which bound the posterior part of the meatus to right and left. They are generally both present, but one may be absent. Dr. Kocks compares their appearance to that of the lachrymal puncta. They run in the urethrovaginal septum, and end blindly. They are found most easily in young adults. In the newly born they are relatively larger, but absolutely smaller than in adults. In old women they become obliterated or lessened in size. Dr. Kocks regards them as the homologues of the ejaculatory ducts in the male. In the following number of the same journal, Professor C. Böhm, of Vienna, writes to say that he, like Kocks, has been able to demonstrate the presence of these ducts; and further, that he has seen cases of acute and chronic inflammation of them. Sometimes this inflammation is but part of a similar process affecting the vagina, vulva, and urethra, but sometimes it exists by itself. In the latter case, owing to the presence of redness and swelling of the meatus, discharge of pus from it, and pain on making water, the disease may be taken for gonorrhea. From this it is to be diagnosed by evertting the margins of the meatus, and noticing that the pus issues from the ducts in question. It is to be cured by applications of solid nitrate of silver to the inflamed ducts. Unless proper diagnosis is made, and this treatment employed, the disease may prove obstinate.

**REMOVAL OF FOREIGN BODIES FROM THE STOMACH.**—To the case of the *homme à la fourchette* and the extraction of a spoon from the stomach of another patient, described in the *Semaine Médicale*, October 5, 1882, Dr. Hagens, of Dantzic, adds a third, recently described by him in several German medical journals. (British Medical Journal.) The operation, however, is not recent, for this third case was performed by Daniel Schwaben, "lithotomist and surgeon," at Dantzic, in the early part of the seventeenth century. A countryman, in endeavoring to produce vomiting for the relief of colic, was tickling his palate with a penknife, when he suddenly let go of the handle of that instrument, which was accidentally swallowed forthwith. Six weeks later, Schwaben made a very free incision through the abdominal walls and the ante-

rior part of the stomach, and extracted the knife. The patient recovered, and was able for several years afterward to work hard in the fields, never suffering from any local symptoms. The original manuscript description of this remarkable case is in the hands of Dr. Hagens. The surgeons of Dantzic and Königsberg appear to be the most dauntless pioneers of the desperate departments of operative surgery; last December we had occasion to refer to an unsuccessful case of excision of a phthisical lung by a surgeon practicing in the former city.

**BACILLUS IN CONSUMPTION.**—Dr. Hurd's remarks on "the germicide treatment" of consumption (Boston Medical and Surgical Journal) will be most unwelcome to physicians who have been anxious to treat consumption on antiseptic principles. While fully admitting the presence of the bacillus, Dr. Hurd says there is no evidence that inhalations, sprays, atomizations, or fumigations have any efficacy in destroying the micro-organisms, whose multiplication and whose ravages are *supposed* to be such important *secondary* factors in the disease. He regards the constitutional diathesis, which allows of the growth of the bacillus, as the primary factor, and declares emphatically that if this be suitable there is no direct medication known to science that will prevent the development, growth, and multiplication of the parasite.—*Med. Times and Gazette*.

**HARNESS POLISH.**—Useful to doctors.

Mutton suet, . . . . .	2 ounces.
Beeswax, . . . . .	6 "
Powdered sugar, . . . . .	4 "
Yellow soap, . . . . .	2 "
Lampblack, . . . . .	1 "
Indigo, . . . . .	1/2 "
Water, . . . . .	1/4 pint.
Oil of turpentine, . . . . .	1/4 "

Dissolve the soap in the water, add the other ingredients, except the turpentine, melt and mix well together. Finally add the turpentine. The mixture is applied on the harness with a sponge, and polished with a brush.—*Drug Circular*.

**CREASOTE WINE**, recommended in phthisis, to diminish cough, fever, expectoration, etc. (New Remedies):

Wood creasote, . . . . .	6 parts;
Compound tinct. of gentian, . . . . .	30 "
Alcohol, . . . . .	230 "
Sherry wine, . . . . .	710 "

M. Dose, a tablespoonful two or three times daily in a cupful of water.



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, NOVEMBER 17, 1883.

## Original.

### AN ENORMOUS OVARIAN TUMOR.

BY G. D. NEAL, M. D.

Mrs. Sarah McClelland, aged thirty-three, height five feet four inches, hair light, eyes blue, weighing, when in perfect health, at the age of twenty years, one hundred and fifteen pounds, called to consult me on July 3, 1880, in regard to an enlargement of the abdomen. Upon examination I came to the conclusion that it was ovarian dropsy. Whether the tumor was unilocular or multilocular I was not able to decide, but recommended tapping as a means of temporary relief. On July 6th, in the presence of Dr. R. J. Wilson and Dr. W. H. Ireland, now of Brownstown, I tapped the patient upon the right side, taking away four gallons and five pints of fluid, which weighed forty-seven and one half pounds. By this means there was revealed a nodulated tumor in the left iliac fossa, about the size of a quart cup. This I punctured with the trocar, and a small amount of clear white substance, in appearance like that of the white of an egg, escaped. On September 12th I again tapped her, Dr. W. B. Poynter being present, taking away three and one half gallons of fluid, weighing thirty-five pounds. About this time she received circulars from a Dr. Green, of Georgia, in which the Doctor claimed to cure dropsy, or take no pay, and I saw no more of the patient until February 3, 1882—she had menstruated regularly up to and after this date—when I again tapped her, taking away ten and one half gallons of fluid, weighing one hundred and five pounds. The tumor on the left side had increased considerably in size, but no fluctuation was perceptible. Dr. W. H. Bramach, of Havilandsville, was present on this occasion.

On September 29, 1882 (in the presence of Dr. C. W. Murphy), I again tapped her, and got ten gallons, weighing one hundred pounds. The tumor on left side was still increasing in size. She was now anxious to have it removed. At this time I wrote to Prof. W. O. Roberts, of Louisville, giving him a short history of the case. I asked him to see the patient with me. He very kindly came out here on the 10th of October. After making a careful examination, he decided that the tumor could not be removed without a fatal result. At this time the tumor measured in length eighteen inches, and breadth twelve inches, with firm adhesions to the abdominal walls. On April 9, 1883, the patient was again tapped, and ten gallons of fluid were obtained, weighing one hundred pounds. The tapping was again resorted to on August 26, 1883, and ten gallons, weighing one hundred pounds, were removed. The body at this time measured around, at the umbilicus, fifty-four inches; six inches above the umbilicus, fifty-four and one half inches; ten inches below the ensiform cartilage fifty-three inches; from ensiform cartilage to umbilicus twenty-four inches; from umbilicus to the pubes sixteen inches; making a distance of forty inches from the ensiform cartilage to the pubes.

On the 14th of October the patient went into convulsions. These continued until the night of the 19th, when she died. From the 15th to the time of her death she passed no urine. A post-mortem was held at 8 o'clock, A. M., on October 20th, Dr. C. W. Murphy assisting. The body was greatly emaciated. The left trochanter major and the crest of the ilium had worn through the skin, the patient having lain on that side for more than a year. The legs were drawn up and the muscles contracted, so that it was with considerable difficulty that they were straightened. In-



deed, the sartorius muscle had to be cut before the right leg could be brought down.

On making an incision through the linea alba, we found firm and extensive adhesions which made it necessary for us to open the sac and empty it of its contents before we could remove the tumor. Four gallons of fluid were removed, weighing forty pounds. On the right side the adhesions were broken up easily, but on left side they were so firm that it required considerable force to tear the tumor loose. The bowels were free and loose, there being no adhesions to them whatever. The bladder was empty, no urine having been secreted for five days prior to death. The tumor, after removal, weighed nineteen pounds. The greatest approximated weight of tumor including the liquid contents would be one hundred and nineteen pounds. The right ovary was affected, and the uterus slightly atrophied. The other organs to all appearances were healthy. The patient was tapped in all six times, the aggregated quantity of fluid being forty-eight gallons and five pints, weighing four hundred and eighty-seven and one half pounds. This, added to four gallons removed post-mortem, would make fifty-two gallons and five pints of fluid secreted, weighing altogether five hundred and twenty-seven and one half pounds.

SALEM, IND.

### NASO-PHARYNGEAL AND AURAL CATARRH.

BY R. MAUPIN FERGUSON, M.D.

*Surgeon to Eye, Ear, and Throat Department, Louisville City Hospital.*

Mrs. E., age, fifty. About six years ago she went to California, and there became affected with naso-pharyngeal catarrh, from which she was still suffering when she came under my notice, August last. More than three years ago she became gradually deaf in the left ear, which deafness has slowly but continuously increased. She states that ever since her deafness began she has been in delicate health, with no well-defined trouble, but a constant feeling of lassitude, loss of energy, forgetfulness and moroseness have united in indicating a departure from her normal condition. On examination I found hearing of left ear very much impaired, a forty-inch watch being heard at only one inch. Right ear, hearing normal. The membrane of the left ear could not be seen on account of an accumulation of epi-

thelial flakes and masses. These were so tenacious that, although a large mass was removed by syringing, it was more than a month before they could be loosened by a bicar. of soda solution, and completely removed by syringing and the forceps. The membrane was then found sunken and somewhat cloudy.

The naso-pharyngeal mucous membrane was treated by a cleansing alkaline solution, followed by an application of silver nit. (gr. v. to 3j) at my office. At home she used a spray of tannin and a snuff composed of equal parts of tannin, borax, and sugar.

Later I used a spray of

Iodine, . . . . .	grs. viij ;
Potass. iodid, . . . . .	℥ij ;
Glycerine, . . . . .	℥j ;
Distilled water, . . . . .	℥iij.

Three times a week for several weeks the middle-ear was inflated by means of the Eustachian catheter.

Under this treatment improvement was at first slow but continuous and finally more rapid until at present (October 20) she hears a watch at forty inches, the voice at a corresponding distance, and is almost completely relieved from her catarrh.

For her symptoms of general debility I prescribed tonics, but they were not taken. The general health, however, improved in direct proportion to the improvement in the condition of her ear and nose.

It is a well-known fact that disease in one part of the body is very frequently reflected to other and even distant parts of the system, or may produce derangement of the entire system.

That such should be the case in aural affections need not surprise us in the least when we bear in mind the unusual richness of the ear in nerves and the many communications into which they enter. The nerves of the ear, being close to the bone, are very liable to be subjected to pressure or otherwise interfered with in their functions by swelling of the mucous membrane or by accumulations of mucus, pus, blood, etc.

Reflex phenomena originating in the nerves of the ear are by no means rare, and may give rise to various troubles. The cough due to the presence of a foreign body is a well-known instance of such reflex action. At Dr. Urbantschilsk's aural clinic in Vienna I saw a patient who could not be examined with the aural speculum on account of violent coughing which invariably followed its introduction.

The general health is very frequently in-



fluenced deleteriously by chronic aural affections. Von Trötsch states that such affections of the middle-ear by no means rarely produce mental depression, change of character, slowness of perception, and forgetfulness. Just such symptoms it has been my lot to observe very frequently, and it has been to me a great surprise to see in a number of cases the wonderful benefit to the general health produced by local treatment alone. In such cases I am in the habit of combining with the local treatment the use of corroborants. At the immense clinics in Vienna, London, and Paris, I, however, had frequent opportunity to observe the effect of local treatment alone, and in some cases the effect upon the mind and body was remarkable. In the case reported, owing to neglect of patient, no tonics were taken, and as, according to her positive statement, her health had been poor ever since her ear became affected, and now that her hearing has been restored she has regained her vigor and health, there can be no reasonable doubt that the improvement was due solely to the treatment of the local affection.

This case has been reported, not because there is any thing whatever uncommon in its history, but rather because it is a typical case of a condition with which every practitioner should be acquainted on account of its frequent occurrence, its ready amenability to proper treatment and its steady progress toward deafness when neglected.

The simple and timely use of the Eustachian catheter, or inflation of the middle-ear by Politzer's method, combined with proper treatment of the naso-pharyngeal space would in many such cases preserve that inestimable boon, good hearing.

LOUISVILLE.

## IODIDE OF POTASSIUM IN THE TREATMENT OF TYPHOID FEVER.

BY R. N. BARBOUR, M. D.

Since December, 1881, I have treated twenty-six cases of this disease with the most favorable results, and attribute the success mainly to the iodide of potassium. After a practice of forty-eight years, I was, until the date alluded to, like many others, undecided as to the best mode of treatment. In conversation, some years since, with an old friend and practitioner, of Louisiana, he informed me that in his State he had observed many cases of continued fever which were not amenable to quinine, but

in which iodide of potassium had proved a most efficient remedy. I inquired of him if the fever was not typhoid. He said it was not so regarded by the profession, but *malarial*. In the twenty-six cases previously alluded to, I had no doubt as to diagnosis, the great majority of them being typical in character. Knowing the iodide of potassium to be alterative and a promoter of the secretions, I determined to test its effect in relieving the congestion and inflammation of the ilium characteristic of typhoid.

*Treatment:* When the diarrhea was not well marked, I gave castor-oil and glycerine,  $\bar{a}\bar{a}$   $\bar{z}$ iv, to relieve the bowels of all ingesta and irritative secretions; after this v gr. of potassium iodide were given every four hours, largely diluted with water. Between the doses of the potassium, four drops of the oil of turpentine in mucilage were also given. When diarrhea was persistent, five drops tincture of opium were added to each dose of the turpentine until the diarrhea was checked. The bowels were rubbed three times a day with equal parts of olive oil and turpentine, and a flaxseed poultice was kept on the abdomen as long as tenderness remained. The extremities and body, when dry and hot, were sponged frequently. I required the bowels to be moved every thirty hours, to prevent the accumulation of acrid secretions. The diet was strictly fluid, and in small quantities at a time. Buttermilk was substituted for water, if the patient preferred it. This has generally agreed well with the stomach, and has produced no diarrhea. On the sixth or seventh day of treatment the skin becomes gently moist, and on the following day the temperature begins to decline, and to continue to do so. The temperature is normal on the twelfth day of treatment. The tongue continues moist throughout the continuance of the disease.

I claim that this treatment arrests the congestion and inflammation in the first stage of the fever, being the ulcerative stage prevented.

There has been no relapse in any of the above cases, and no other remedies but the potassium and turpentine were used, neither quinine nor stimulants being given.

LOUISVILLE, KY.

IN London, during last week, two hundred and five deaths occurred from preventable diseases, and forty-seven from more or less preventable accidents.



## Miscellany.

READERS, OBSERVE.—We copy these timely remarks from the *Weekly Drug News* and *American Pharmacist*, and we urge our readers conscientiously to consider them: "As the end of the year approaches, subscribers who are in arrears are reminded that the prompt payment of their bills will greatly facilitate the settlement of our annual accounts. The amount due in each individual case is trifling, but unless renewals are promptly made the aggregate sum in arrears on our books becomes so considerable as to be burdensome."

THE SEVENTH SENSE.—Sir William Thomson, the eminent professor of mathematics in the University of Glasgow, in his inaugural address, delivered last week, as President of the Midland Institute, at Birmingham, broached the idea of the existence of a magnetic sense. This sense is called the seventh sense, to distinguish it from our other six senses—namely, those of sight, hearing, taste, smell, heat, and force. He said that, in speaking of a possible magnetic sense, he in no way supported that wretched groveling superstition of animal magnetism, spiritualism, mesmerism or clairvoyance, of which they had heard so much. There was no seventh sense of a mystic kind. Clairvoyance, and so on, was the result of bad observation chiefly, somewhat mixed up with the effects of willful imposture, acting on an innocent and trusting mind. If there were not a distinct magnetic sense, it was a very great wonder that there was not. The study of magnetism was a very recondite subject. One very wonderful discovery that was made in electric magnetism was made by Faraday, and worked out very admirably by Foucauld, an excellent French experimenter, showing that a piece of copper, or a piece of silver, let fall between the poles of a magnet, would fall down slowly, as if through mud. Was it conceivable that, if a piece of copper could scarcely move through the air between the poles of an electric magnet, a human being or living creature, in the same position, would experience no effect? Lord Lindsay got an enormous magnet, so large that the head of any person wishing to try the experiment could get well between the poles; and the result of the experiment was marvelous, the marvel being that nothing was perceived. Sir Wm. Thomson, however, was not willing

to admit that the investigation was complete. He could not but think that the quality of matter in the air, which produced such a prodigious effect on a piece of metal, could be absolutely without any perceptible effect whatever on a living body. He thought the experiment was worth repeating; and it was worth examining whether or not an exceedingly powerful magnetic force was without perceptible effect on the living vegetable or animal body. His own speculations had led him to conclude that there might be a seventh or magnetic sense; and that it was possible an exceedingly powerful magnetic effect might be produced on living bodies that could not be explained by heat, force, or any other sensation.—*British Med. Jour.*

DARWINISM AND CALVINISM.—Mr. G. F. Wright, in his *Studies in Science and Religion*, draws a parallel between Darwinism and Calvinism, showing how both insist on the reign of law, how, in both, individual ends are sacrificed to general ends, and how both tend to fatalism. Science says that its view is, that there are two modes of viewing nature, which may be called the religious and the scientific. According to the one, God in nature operates nature, but according to regular laws which we call the laws of nature; according to the other, nature, for all practical purposes, may be regarded as operating itself. Both of these views are, we believe, legitimate. When we deal with nature, we practically must hold the latter; when we retire to the inner sanctuary of philosophic thought or religious emotion, we must hold the former. The one is the necessary work-clothes of our outdoor life, which we must put off when we return home to enjoy our inner life. For finite man this apparent inconsistency, this daily change of clothing, is the truest wisdom. But those who will be logically consistent in detail, even at the expense of one half of all philosophy, run, on the one hand, into extreme Calvinism, or, on the other, into universal automatism, the one a spiritualistic, the other a materialistic fatalism.—*Popular Science News.*

THE ILL-DOINGS OF FLIES.—Dr. B. Grassi, of Rovellasca, reports, in a recent number of the *Gazzetta de gli Ospitali*, some investigations he has been making on the above subject. He has convinced himself that the common house-fly is a dreadful enemy of the human race as of all living things in general. Wherever any infectious pro-



duct is present, for instance, the sputa of phthisical patients, or dejecta from the intestinal tract, swarms of flies are to be seen, which soil themselves with the offensive material, and then crawl about over our food. The writer placed a plate containing a large mass of the ova of a human parasite (*Trichocephalus*) upon a table in his laboratory, which was situated at the distance of about thirty feet from the kitchen. Sheets of white paper were placed in various parts of the kitchen, and in the course of a few hours the dejecta of flies were observable on the paper. Upon examination of these with the microscope, they were found to contain some of the ova of the parasite. Dr. Grassi then killed some of the flies, and found an enormous mass of feces containing more of the ova. On another occasion he minced some segments of tape-worm that had been preserved in spirit, and put them into water, so that a mass of ovæ were suspended in it. In half an hour he succeeded in finding the ova of the parasite in the abdominal contents of the flies, and also in the spontaneously deposited dejecta. In like manner it could be proved that flies that had alighted on moldy cream harbored the spores of *oidium lactis*. It is useless to comfort one's self with the thought that these germs die in the intestines of the flies. Even if the intestinal juice does act upon them, and it is not proved that it does in the case of bacteria, some would almost certainly escape destruction. In any case, moreover, the legs and proboscis would still serve as carriers of the infection. He proposes that attempts shall be made to introduce the same disease among them in the spring time that already causes such devastation in the autumn.

**SAUSAGE POISON.**—In certain parts of Germany great mortality has resulted from eating sausage. (Weekly Medical Review.) Schlossberger, who gave the subject most careful study, estimated that, in fifty years, there were in Wurtemberg alone four hundred cases and one hundred and fifty deaths from sausage poisoning. The suspicion which at once arises that these were unrecognized cases of trichinous infection is definitely set at rest by the facts that boiling and roasting did not destroy the poison, and that the fresh sausages were never the cause of the trouble, which always resulted from the use of such as had been smoked more or less perfectly, and had been kept for some time; and in every instance they were of

large size, softened in the interior, and did not give off the odor of putrefaction. In those poisoned by "wurstgift," the prominent symptoms are referable to the nervous and respiratory functions, and make their appearance the first or second day after intoxication. Vision is also usually affected; sometimes with dilatation, sometimes contraction of the pupils.

In seeking for the cause of sausage poisoning, Schlossberger carefully considers the fermentation theory, supported by Liebig, Vanden Corput, and others, and rejects it along with others ascribing it to accidental admixture of poisonous seeds, the formation of hydrocyanic acids, and the production of supposed poisonous fatty derivatives. In place of these he substitutes, from purely theoretical reasons, the hypothesis that the poisonous principle is an alkaloid-like body, produced during putrefaction—a hypothesis which to-day is vastly more acceptable than it was when he wrote in 1852.

**SUGAR FROM OLD RAGS.**—Some years ago Mr. Pepper created some sensation by undertaking to make sugar from old shirts. Sugar is now manufactured in Germany from old rags. The rags are treated with sulphuric acid, and converted into dextrine. This is treated with a milk of lime, and is then subjected to a new bath of sulphuric acid, which converts it into glucose. The glucose obtained by this process is identical with that of commerce, and may be used in the same way for confections, ices, etc. When the manufacture has become more abundant, the price will doubtless be very small. It is known that a large number of substances are capable of transformation into glucose. The cellulose of fibrous tissue of wood, treated with sulphuric acid, is changed into dextrine and glucose, and glucose is industrially produced from starch. *Popular Science News.*

FEW candidates pay the attention to hygiene which it deserves; it is always made a subject of this examination, and will be considered *a vital one in the examination for promotion after the expiration of five years' service.*—*Official circular in relation to the Medical Corps of the U. S. Army.*

THE Czar of Russia, it is said, has ordered a hospital opened in St. Petersburg for diphtheria patients, where the homeopathic treatment only will be used.—*Medical and Surgical Reporter.*



**AN ELEMENT OF SUCCESS IN PRACTICE.**—As is well-known, some men of but medium professional acquirements meet with remarkable success in practice, while others, admittedly their peers, go through life struggling, with but a small and insignificant patronage.

Some few days ago a man of unusual talents and acquirements, who was cheerfully recognized by the profession as one of its leading minds, but whose practice amounted to next to nothing, met on the street one of his old classmates, who enjoyed a very lucrative practice, drove a very fine equipage, and was generally regarded as an unusually successful physician, though his professional brethren knew very well that his spare time was not devoted to study, and that his professional acquirements were not of the most substantial or profound order. The following colloquy ensued:

"See here: we were students together; you did n't work as hard as I did; how is it that you have such a large practice, while I can't get any patients at all?"

The significant reply was: "Go to a barber's and have your hair cut; go home and take a bath, and put on some clean clothes; keep your shoes polished and your face and hands clean; tone down your manners and drive a stylish horse and carriage, and you will get practice."

Here was the *polished* man and the "rough diamond," the one made the money, while the other commanded the greatest respect and admiration from those whose opinion was worth having.

This anecdote illustrates the true position of physicians toward success. Though it is a pity that it should be so, nevertheless it is a fact beyond the possibility of denial, that *he who possesses the greatest policy, he who can the best advertise himself, and not he who is the most competent, is the one who enjoys the largest measure of success.*

Shut our eyes to it as we may, yet in our innermost selves we must admit that in medicine, as in any business, he who advertises the *most* and the *best* is the one who succeeds the best.

To a certain extent this is as it should be. It is eminently proper and commendable for a physician to keep himself clean, and by this and other devices to make himself agreeable to his patients; it would be censurable for him to do otherwise; and so long as he does not detract from his brethren and does not in any way endeavor to represent himself as that which he is not, it is right and proper.

But we desire to call attention in an especial manner to a point that will have much to do in securing clients for those who properly practice it. The mind of the latter part of the nineteenth century is an exceedingly inquiring function, and it is anxious to know the why and wherefore of every thing. Simple statements of so and so will not satisfy, and when men and women visit a doctor's office, they want to go away with a clear idea of what is the matter with them, and what you propose to do to remedy it. If you do not satisfy this inquisitiveness, they will go to some one who will, and you will lose your patient. The man who can most clearly impart this information, is the man who has in him a great element of success.

We can not better illustrate this idea than by quoting from the address of Dr. T. Clifford Allbutt, delivered at the opening of the Leeds School of Medicine, and published in full in the British Medical Journal, October 6, 1883. He says: "A shake of the head and a dark allusion to the liver will not now satisfy an intelligent patient, nor ought it to do so. Fact and due season must guide our language; yet people nowadays 'want to know, you know,' and they are right. Such persons, wholly free from morbid curiosity, feel nevertheless that they ought to carry away with them a definite notion of their ailment—where it is, and how you will try to avert it. If you have no story for them, some one else has; and you must be brave enough to point out, if necessary, where your knowledge ends. Avoid infallibility. As some hot-tempered person cries, 'If you know nothing, why the deuce can't you say it?' There is no better test of a man's knowledge than his neat delineation of the shore-line of his ignorance. As a rule, a patient calls on you for information as well as skill; and while you are incapable of brutal frankness, your sympathy will be wise enough to teach you to give your opinions candidly and clearly."—*The Medical and Surgical Reporter.*

**REX MAGNUS.**—As we suspected, the much lauded preservative turns out to be a compound of borax. The unpleasant reports of poisoning caused by boric acid tend to show that it is not quite so innocuous as some are trying to make people believe. A chemical may not be so harmful as arsenic or corrosive sublimate without being harmless enough to make a welcome addition to human food. We are informed that "Rex



magnus" is placed on the market by the Humiston Food Pres. Co., of Hartford, Conn., probably under patent No. 270,899, and is composed of borax, sulphite of calcium, salt, and glucose. The proportions are fully given in the patent, but it can not be used without infringement.—*Drug. Cir.*

INSANE WITNESSES.—The United States Supreme Court has recently decided that "A lunatic or person affected with insanity is admissible as a witness, if he has sufficient understanding to apprehend the obligation of an oath, and to be capable of giving a correct account of the matters which he has seen or heard with reference to the questions at issue; and whether he has that understanding is a question to be determined by the court upon examination of the party himself, and any competent witnesses who can speak to the nature and extent of his insanity."

OIL OF MALE FERN IN TAPEWORM.—According to E. Dieterich, says the London Medical Record, the frequent failure of oleoresin of male fern is its irrational administration. The "worm doctors" who use almost exclusively the oleoresin of male fern, and hardly ever meet with a failure, use it in conjunction with castor-oil, instead of following it by the oil after one or two hours. The object is to bring the extract undigested in contact with the worm. The experiments which have been made by mixing one part of the oleoresin with two parts of castor-oil have been very successful, and this mode of administration deserves the preference. Oleoresin of male fern is apt to derange the stomach, and, when enveloped partly in the oil, is likely to pass it more rapidly, which constitutes another advantage. The mixture has an unpleasant taste, which may be disguised by filling it in capsules of about forty-five grains each. The dose may be regulated from six to seven or eight or more. It is advisable to empty the bowels the preceding day by castor-oil.

DOCTORS' SHORT-COMINGS.—Dr. Allbutt says: Our worst fault is that we are a somewhat touchy and jealous class, especially when compared with our cousins of the Bar. Medical men are too often jealous of each other and tenacious of their own claims. We too readily *assume property in patients*. We forget the right of the sick man to consult whom he pleases; and when he does so, we lack imagination enough to put our-

selves in his place and make the necessary allowance. The same lack of imagination often prevents us from putting ourselves in the place of a brother practitioner who may have been called to one of our cases, and we give place to distrust and dislike. It is better to deal faithfully with so faithful a brother, and to say what we can in mitigation of his charges, and in support of his suggestions for diminishing the little friction that jars with the general harmony and good will of the profession. It is difficult to draw any close comparison between men so differently situated as the members of the Bar and the members of our profession in general practice. The situation is different, and the power to hurt a brother, as the temptation to do so, is different. The work of barristers is chiefly conducted with open mouth in open court. That of medical men is private, almost secret. And in the privacy of a bed-chamber it is often more easy to *kill a reputation* than to *save a patient*. It may not be in any direct way or by any direct word, but by faint praise, or by a shrug of the shoulders or a shake of the head. Unlike the Bar, we do not play with our cards above the table. In our more intimate work, it is terribly easy for one doctor, *by little intangible tricks*, to elbow out or depreciate another.

RISKS INCURRED BY MEDICAL MEN.—Our readers will recall that in August last we noticed a case in which Messrs. Bower and Keats, of Peckham-rye, were subjected to trial for damages under circumstances of a very peculiar nature. (The Lancet.) The child of the prosecutor suffered from diphtheria, and on Friday, August 31st, came under the care of Mr. Keats, who, from the nature of the symptoms, was inclined at first to look upon the case as one of croup. On Saturday, September 1st, the symptoms grew much worse; and as asphyxia was imminent, Dr. Bower was called in, and promptly performed tracheotomy, to the instant relief of the sufferer for the time. A few minutes after the operation an obstruction occurred in the windpipe below the wound, whereupon the father of the child put his lips to the wound and sucked out the obstructing substance, immediately spitting the same from his mouth. The child lived until the following Monday, when it sank from general exhaustion. On the next Thursday the father showed symptoms of diphtheria and passed through an attack of the disease, but recovered without any sec-



ondary complications. In course of time the father entered a civil action against Messrs. Bower and Keats for damages to himself, but failed to get a verdict, the jury being unable to agree, and being thereupon discharged. This failure has led the prosecutor to renew the civil action, and to urge the Treasury to institute a trial for manslaughter.

WAR AND SANITATION.—M. Bechamp, when recently enunciating his doctrine concerning micrococci and their evolution, terminated his discourse by saying that if the thousandth part of the sum expended for warlike purposes were devoted to rendering towns and cities healthy, legions of lives would be saved, and riches and strength thus multiplied beyond calculation.—*British Medical Journal*.

THE RELATION OF COPPER-WORKS AND CHOLERA.—Dr. Richard Neale thinks that the widely divergent views as to its value by the one class of writers and its absurdity by the other, may be reconciled if we accept the truth of Mr. Tusoris's assertion, that sulphur-fires will banish cholera from any districts where it is raging. As around copper-workers there is always a large evolution of sulphurous fumes, it is to these gases that the immunity is due, and not to the metal itself, or to the use of any of its salts.

A NEW CONTRIVANCE FOR RAISING PATIENTS.—At the recent meeting of German naturalists and doctors, which was held at Freiburg-in-Bresgau from the 18th to the 22d of September, some interesting experiments were made in the surgical section with an apparatus which will, it is thought, be found very valuable in hospitals and in private houses where there are any sick persons. This is an apparatus placed by the bedside, and so contrived that by using it the most delicate person can raise a patient, no matter how heavy, from a recumbent position, change his linen, make his bed, and do all that may be required without giving him the least pain. The inventor has put into execution the well-known principle for raising quarry stones by means of large claws which close through the weight of the object which they hold. In the apparatus referred to, the extremities of the claws are well wadded props which are inserted upon each side of the patient as he lies in bed. The patient finds himself stretched as in a hammock, and the weight

of his body is uniformly distributed by means of a system of rollers adapted to the support of the apparatus. By a further contrivance the patient can be lifted into a bath placed beside the bed without any one touching him. It is said that all the doctors who witnessed the experiments made upon a sick person at Freiburg agreed that this apparatus was superior to any thing hitherto invented for a similar purpose.

WOMEN AS DRUGGISTS.—Six ladies have distinguished themselves, says the London News, as students in the South London College of Chemistry, where they have been studying with a view to pass the examinations of the Pharmaceutical Society. They mean to begin life as druggists, and we believe they are the first women who have been trained in a public school for the business of pharmacy. They will assuredly deserve credit for their enterprise, for if they succeed they will have done good service in widening the area of possible employment for women. It has often been matter for surprise that ladies did not select pharmacy as a fair field for the exercise of their talents in winning an honorable livelihood. The trade is a profitable one; in fact, the old saying in the country used to be that the druggist's shop was the only one in the village where every shilling taken in the till earned 11d. for the master. The work of preparing and compounding medicines is also neat and delicate—indeed, the Americans have almost elevated pharmacy to the dignity of a fine art in these later days. It is light, and can not by any pretense be termed “unwomanly”—so that there ought to be no social prejudice against it. The only possible objection to women as pharmacists would rest on their implied inability to acquire the scientific knowledge necessary for safe practice. But that objection the six lady students who have stood so well in their classes at the South London School of Chemistry have personally disproved; besides, it is not necessary to license any woman as a druggist unless she has the requisite scientific qualifications. In these days, when people suffer as much anxiety about the employment of their girls as of their boys, the discoverer of a new occupation for women is a public benefactor.

DOES the Materia Medica afford an entirely unobjectionable laxative remedy? This question is asked by Dr. F. C. Herr, in the Medical and Surgical Reporter. “No.”



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LUNSFORD P. YANDELL, M.D., - - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

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## J. MARION SIMS.

"Were a star quenched on high,  
For ages would its light,  
Still traveling downward from the sky,  
Shine on our mortal sight.

"So when a great man dies,  
For years beyond our ken,  
The light he leaves behind him lies  
Upon the paths of men."

A dispatch from New York, on the 13th inst., announced the death of this distinguished man.

Dr. Sims seemed, up to the day of his demise, to be in the enjoyment of excellent health. He was active in his attention to a large practice, and full of plans for future work and happiness, among which was a visit to Europe, and a permanent residence in Washington City on his expected return.

He visited a patient at 9 o'clock on Monday evening, and, returning, passed a restless night, dying suddenly, in the midst of his family, on Tuesday A.M., at 3 o'clock.

The cause of his death is supposed to have been heart failure; but the nature of the malady awaits the revelation of a post-mortem examination, in progress at this writing.

Dr. Sims was born in Lancaster District, S. C., on January 25, 1813. He graduated

at the South Carolina College in 1832, after which he studied medicine in Charleston, S. C., and at Jefferson Medical College, Philadelphia. In 1836 he settled in Montgomery, Ala. Here he soon rose to distinction as a surgeon, and laid the foundations of his studies and investigations in gynecology, a department of medicine in which he was destined to win a world-wide reputation and an enduring fame. In 1853 he took up his residence in New York, and since that time he has been looked upon by the medical guild of the whole world as a leading spirit in medicine and a great master in his specialty.

Dr. Sims was gentle in his demeanor, unostentatious in his life, and child-like in his affections. He contributed largely to the establishment of several charitable institutions, and spent much of his time and money in pushing forward certain cherished philanthropic schemes.

He was the author of several able works, and a large contributor to current medical literature; but it was chiefly to his remarkable inventive powers, exercised in devising surgical appliances and instruments, proposing new operations, and simplifying and rendering practicable old and imperfect ones, that he owed his great distinction, and upon these will rest his well-earned fame.

## PICRIC-ACID TEST FOR ALBUMEN.

Something more than eight months have passed since Dr. George Johnson, in a paper read before the Clinical Society of London, directed the attention of the profession to picric acid as a test for albumen. The acid had been previously used for this purpose; but for some unknown reason the test had been abandoned by its discoverer. The claims made by Dr. Johnson on its re-introduction were, that picric acid was by far the most delicate of all the tests so far proposed, showing traces of albumen not discoverable by heat, nitric acid or potassium-ferro-cyanide. Its value, therefore, in de-



tecting the presence of albumen in certain cases of Bright's disease, granular kidney for instance, seemed evident. Urinalysts read the article with no little interest, hoping that they were at last provided with a valuable means for clearing up the diagnosis of this obscure affection, and the reagent grew rapidly in popular favor. But it was not long before they began to suspect that the test was proving too much, many specimens of urine showing the characteristic ring under its action when used incidentally where there was nothing in the symptoms of the patient to suggest renal derangement, and no signs of renal derivatives discernible by the microscope. It was soon evident to experimenters, that picric acid was competent to form precipitates with some urinary constituent other than albumen, and that either the test was untrustworthy or the method described by Dr. Johnson defective.

Some six or eight weeks after the reading of his paper the author wrote a letter to the *British Medical Journal*, in which he detailed more specifically his method of applying the test. In this he stated that a quantity of the picric-acid solution equal to the amount of urine tested, should always be added, because under the use of a smaller amount the albuminous precipitate would be quickly redissolved. He here admitted also that peptones would be readily thrown down by the acid, and that, under some circumstances, uric acid would give with it a band of coagulum closely resembling that of albumen. To differentiate these substances from one another and from albumen, he stated that the application of heat would redissolve the uric acid, while it increased the albuminous precipitate, and suggested certain marked differences in the microscopic appearances of the peptone and albuminous precipitates. This rendered the test less simple, though still easily manageable, but nevertheless it was evident to all who habitually used the reagent that it was open to still other sources of error.

In confirmation of this opinion, the *Philadelphia Medical News* of October 27th gives a series of experiments by Drs. Cooke and Watkins, resident physicians at Bay View Asylum, Baltimore, Maryland, which prove conclusively that quinine in quantities so small as  $\frac{1}{120}$  to  $\frac{1}{180}$  of a grain to the ounce will respond readily to picric acid. The former giving a decided precipitate, and the latter a perceptible cloud, in appearance identical with albumen under the action of the test. It was further observed that in the urine of twenty-five patients, who had each taken six grains of quinine, a precipitate was formed under picric acid in the course of nine or ten hours, the urine of the same patients showing no trace of albumen by heat or nitric acid either before or after they had been made to take the quinine. Subsequent differential tests proved conclusively that the quinine was the agent which had responded to the picric acid.

In view of the above observations with the prospective probability that further investigations will demonstrate a similar action of the test in the presence of minute quantities of many other drugs, it is safe to say that the career of picric acid as a popular test for albumen is ended.

In the hands of a skillful experimenter, who can exclude drugs from the urine and avail himself of all the checks necessary to prove that a precipitate formed by the acid is indeed albumen, it may have limited use as a confirmatory test. But no one will deny that a reagent which is competent to precipitate uric acid, potassium, cinchona alkaloids, peptones, and albumins, under the same circumstances, giving in each a precipitate identical in appearance with the others, is too many sided to be trusted as a test for albumen in so variable and complex a fluid as the urine.

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THE GEORGIA MELON-CROP.—The number of melons raised in the State of Georgia this year was not very far from six millions five hundred thousand.



## Correspondence.

## PSYCHOLOGY.

*Editors Louisville Medical News:*

Your readers may possibly be aware that a society, entitled the "Society for Psychical Research," has lately been established, under the presidency of Professor Henry Sidgwick, of Cambridge, England, for the purpose of inquiring into a mass of obscure phenomena which lie at present on the outskirts of organized knowledge.

It is an object of this society to get hold of as much first hand evidence as possible bearing on such real or supposed phenomena as thought-reading, clairvoyance, presentiments, and dreams, noted at the time of occurrence and afterward confirmed; unexplained disturbances in places supposed to be haunted; apparitions at the moment of death, or otherwise; and of other abnormal events, hard to classify at present, but which may seem to fall under somewhat the same categories as these.

We have been desired, as secretaries of the Literary Committee of the above mentioned society, to invite information of this kind from any trustworthy source.

Should any of your readers, now or at any other time, be able and inclined to send us an account, or put us on the track, of any phenomena of the kind which may have come under the cognizance of themselves or their friends, they would greatly oblige us, and would also (as we think we may fairly say) be rendering a real aid to the progress of knowledge in a direction where such aid is much needed. Nothing will, in any case, be printed or published (either with or without names) except with the full consent of the persons concerned.

EDMUND GURNEY,

26 Montpelier Square, S. W., London, Eng.

FREDERIC W. H. MYERS,

Leckhampton, Cambridge, Eng.

CRAMP.—A writer in the British Medical Journal says: The best remedy for cramp, the simplest and the most efficacious that I know of, is a band of cork. It is easily made by cutting a small new wine-cork into thin slices, which must be sewn close together upon ribbon or tape an inch wide. It can be tied round any part affected, and worn during the night.

## Selections.

## ENDERMIC USE OF THE OLEATE QUININE.

In the July Journal we recorded some notes on the endermic use of the oleate of quinine, which left some doubts as to its absorption. In a discussion before the Medico-Chirurgical Society of St. Louis (Courier of Medicine), Doctor Hardaway quotes our remarks as negative testimony against the oleate, and so indeed it seemed. The testimony we offered, and from which he quoted, was put before the profession in the beginning of the malarial season, in order that a large number of experiments might be attempted, and so accumulate data for the future.

We have had some recent experience, which, although confined to one case, tests the matter very thoroughly. A patient, having a great antipathy to quinine, was seized with a fever of a malarial type and of great irregularity as to its course.

It was determined to attack it by the use of the oleate of quinine epidermically, both for the reason of the antipathy the patient had for the remedy by the mouth and because the exacerbation was irregular, and a continuous impression of the remedy was necessary. The oleate was prepared of the strength, at first, of one dram of quinine (alkaloid) to two ounces of the acid, which was increased in strength to double the quantity of the alkaloid.

The inunctions were done at intervals of eight hours, consuming the two-ounce mixture during that time. The patient recognized cinchonism distinctly, but as the temperature occasionally reached  $102.5^{\circ}$  in the afternoon, the stronger oleate was applied. From this time daily tests were made of the urine, and despite the abundant coloring matter contained in it, quinine was distinctly visible by its green reaction with chlorine. Tests of the urine were continued several days after the cessation of the inunction, and quinine was detected. The inunctions in this case were done over a large area of surface, but particularly in the groin and the inner side of the thighs and abdomen, and covered with water-proof paper to prevent being absorbed by the sheet. The infriktion was continued for a sufficient length of time to excite the skin to absorption, leaving very little unabsorbed oleate on the surface.

This case was that of an adult, of delicate blonde skin, but there is no doubt it would



succeed with the same care upon most persons. For two weeks this patient did not take a particle of quinine by the mouth, and not until convalescence was evidently near at hand was any preparation of cinchona administered.

The cost of quinia alkaloid is so much greater than that of the sulphate just now, its use being somewhat new in the practice, that it is a heavy tax on some of our patients. It will eventually become cheaper, and while it can never supersede the internal administration of quinine, it will be very largely useful in many cases.

We have said nothing of the hypodermic use of the oleate, but we believe it will prove to be the very thing the profession has so long desired.—*N. C. Med. Journal.*

THE USE OF THE BROMIDE SALTS FOR ABDOMINAL NEUROSES.—Dr. John Kent Spender, M. D., Bath, writes to the *British Medical Journal*: There is so strong a bond of therapeutic association between the bromides and the neurotic troubles of head and chest, that we are apt to forget how useful the same drugs may be for sundry disturbances of the digestive organs; and yet all the physiological analogies of the subject would lend support to this doctrine. No one claims for the potassic and sodic bromides that they can clear away heterologous exudation, and mend damaged textures. But those of us who are still old-fashioned enough to believe in "functional derangements," or dynamic force temporarily perverted, can easily understand that there are certain aberrations of the cerebro-spinal system, which, being of the same kind wherever they are situated, may be expected to yield to the same medicines.

For an elderly widow lady, tormented rather often with "emotional diarrhea," I prescribed a few years ago some ordinary astringent remedies, with minute doses of opium, to be taken according to her needs. But, for another malady, sleeplessness, I gave occasionally moderate quantities of bromide of potassium. She discovered, however, that the latter remedy did her diarrhea more good than any thing else, and that, whenever it was taken at bedtime, the next day passed without any alvine looseness.

Fourteen years ago, Dr. J. Waring Curran recommended potassic bromide for the vomiting of pregnancy; but its real value could not be determined, as other things were combined with it. (*Medical Press and Circular*, July 14th, 1869.) But I have given

the medicine in its pure form, and simply dissolved in water, and never without marked, though perhaps only temporary success.

The distant echoes of cholera justify us in recalling some important observations by the late Dr. James Begbie, who spoke of bromide of potassium as able to strip that dread disease of some of its terrors. (*Edinburgh Medical Journal*, December, 1866.) He gave it in the earlier stage of collapse, and in quantities of twenty or thirty grains, at hourly, or even half hourly, intervals; and he records the cessation of vomiting, the arrest of cramp, and the speedy return of warmth and color to the previously cold and livid surface. He tells us that the medicine was tried fairly, both in the Leith and Edinburgh Cholera Hospitals, and that its use in both institutions did not disappoint expectations. It is good to feel better fortified against the most painful and mortal of all abdominal neuroses.

Lastly, I may glance at the use of the bromides in the treatment of saccharine diabetes. Here again Dr. Begbie started a line of therapeutic inquiry which has been successfully worked by other practitioners; and at this moment I have under my care a lady, between fifty and sixty years of age, whose special diabetic symptoms are clearly kept much in abeyance by a large dose of bromide of ammonium every night. Would this illustrate what has been called the "alterative and absorbent effects" of the bromides on the liver?

RESECTION OF THE PYLORUS.—According to Mikulicz, thirty-two cases of resection of the pylorus have been published, of which twenty-four ended fatally, and eight recovered. (*Medical Times and Gazette.*) Of the eight successful cases, two were operated upon for ulcer of the stomach, and six for cancer. Of the twenty-four unsuccessful cases, twenty-three were for cancer, and one for ulcer. In twenty-one of the twenty-four fatal cases the cause of death is given; fifteen died of collapse, one of inanition, and five of peritonitis—the peritonitis in two cases being due to perforation at the seat of union, and in two cases to gangrene of the transverse colon. These four fatal cases of peritonitis, and the case of inanition, were due to causes which at the present time might be avoided. The large number of cases which died of collapse, Mikulicz considers with Billroth to be due to the general marasmic condition of the patients, and to the severity of the opera-



tion in those cases where the tumor was large and had formed adhesions to neighboring parts. Only cases where the patient is well nourished, and the tumor of moderate size and movable, are, he considers, suitable for operation. The future of resection of the pylorus depends, he holds, on improvement in the diagnosis of cancer of the stomach at an early stage, and he looks to the general use of the "gastroscope" as likely to afford valuable aid in that direction. In a large number of cases of cancer of the stomach examined by him, he has found certain appearances and symptoms which may be of use in diagnosis. In a healthy man, the pylorus, examined "gastroscoically," appears as a longitudinal, oval, or triangular slit, or as a circular opening surrounded by close, bright red, mucous projections and folds. Owing to the irritation caused by the instrument and to the inflation, the opening is continually changing its shape and the folds moving with each contraction of the muscular wall. The fundus of the stomach, on the contrary, remains stationary. In cases of cancer of the stomach he has noticed that the coarse folds are either entirely wanting, the walls being quite smooth, or are only slightly marked; and secondly, that the movements are altogether wanting. Also in certain cases he has noticed considerable pallor of the pylorus; in others quite a dark cyanotic appearance. In one case the submucous veins were dilated, and of a deep blue color. No ulceration of the cancerous mass has he ever seen. The explanation of these changes he considers to be, that the walls of the stomach being infiltrated by cancer, the movable organ is changed into a comparatively rigid tube, in which the formation of folds and the changes in shape can not occur.

**PERCUSSION OF THE SKULL AS A MEANS OF DIAGNOSIS IN EPILEPSY.**—In an article in the *Lancet*, September 22d, Dr. A. Robertson states that in a case under his care, percussion of the skull revealed a painful area over the motor region of one side of the brain. The patient, long the subject of convulsive seizures, mainly unilateral, has greatly improved since the application of a series of blisters over this region.

**PATHOLOGY AND TREATMENT OF SOME FORMS OF HEADACHE.**—At a meeting of the medical society of Islington, last week, a very interesting communication was read by

Dr. T. Lauder Brunton, F. R. S., on this subject, of which the main points were as follows. (*The Lancet*): Headache is usually the product of two factors—local irritation and general condition. The chief local causes are decayed teeth and abnormalities of the eye, although disease of the ear and nose, inflammation of the throat, and local irritation of the pericranium, or of the skull in rheumatism and syphilis, are not to be forgotten. Decayed teeth may give rise to temporal or occipital headache when the molars are affected, and also, I think, the frontal when the incisors are decayed. The chief abnormal conditions of the eye are strain from reading, or working with imperfect light, or for too long a time, myopia, hypermetropia, astigmatism, and inequality of vision between the two eyes. Besides these, I think that alterations in the circulation and intraocular pressure are frequently produced by bile or poisonous substances circulating in the blood, and that probably also a rheumatic condition affecting either the eye itself or the muscles which move it is a not uncommon source of headache. Where both eyes are equally affected the headache is usually frontal, but when one eye is more affected than the other the headache appears either in the form of brow ache or megrim. In treating any case of headache, therefore, the first thing to do is to see whether the teeth are sound and the eyes normal. If any thing is found wrong with either the teeth or the eyes, the defect should be at once corrected. The throat, ears, and nose should also be examined, to see if any source of irritation is present there, and the surface of the scalp tested by pressure for rheumatic or syphilitic inflammation. The locality of headache is probably determined chiefly by the local source of irritation, but this differs according to the general condition. Thus frontal headache with constipation is usually relieved by purgatives; frontal headache just above the eyebrows without constipation is relieved by acid; and a similar headache situated higher up at the commencement of the hairy scalp is relieved by alkalies. Vertical headache is usually associated with anemia, and is relieved by iron. The more or less continuous headache of syphilis is usually best relieved by iodide of potassium, but in order to gain relief the dose must sometimes be much larger than that usually given, and may range from five grains up to thirty grains for a dose. Similar quantities of iodide of potassium are usually sufficient to cure the rheumatic headache.



**SALICYLATE OF BISMUTH.**—M. Jaillet, on examining commercial samples of the salt, found them to be variable in characters and composition. Most of them, also, probably owing to defective manipulation, yield to solvents uncombined salicylic acid. He thinks there are two salts deserving further investigation, namely, the acid salicylate, and the basic salicylate of bismuth. The acid salt is prepared by precipitating well crystallized nitrate of bismuth in five hundred times its weight of water, made faintly alkaline with caustic soda, and containing salicylate of soda equal to double the weight of the nitrate employed. To use specific weights, the formula would be as follows :

Nitrate of bismuth, crystals, . . . 1 ounce ;  
 Water, . . . . . 4 gallons ;  
 Caustic soda, about, . . . . . 2 drams ;  
 Salicylate of soda, . . . . . 2 ounces.

After settling, the supernatant liquid is decanted, and the precipitate is washed three times with pure water, to remove all traces of the excess of salicylate of soda purposely added, and finally dried rapidly at 104° F. Acid salicylate of bismuth occurs in white granular crystals, which are unaffected by light, and sparingly soluble in water. If the washing be continued until the decanted water no longer produces a violet color with ferric chloride, a yellowish, dense, amorphous basic compound is obtained, which is thought to be a mixture of two basic salicylates of bismuth. Hence, it would appear that salicylate of bismuth, in the presence of water, behaves not like the citrate, but like the nitrate of the same metal.

**THE TREATMENT OF INSOMNIA.**—Doctor Thomas Legaré, of Charleston, S. C., says :

*First*, Retire early. Two hours' sleep before midnight are of more benefit to the body than double the numbers of hours in the day.

*Second*, Eat little, and always some hours before going to bed. Cold food only should be taken for supper.

*Third*, The cares and burdens of the mind must be put aside: none should be carried to bed with us. Never read or study in bed.

*Fourth*, The bed-chamber should contain pure, sound air, and be roomy and high, if possible, and the windows should be always kept open, except in the night-time.

*Fifth*, When in bed, endeavor to lie horizontally, with the head slightly raised. If there is any forced or constrained posture, making the body form an angle, circulation

in the stomach is checked, and a free and uninterrupted circulation of the blood is defeated.

*Sixth*, It is improper to have a light burning in the bed-chamber during the night. Our senses should not be acted upon by external impressions.

*Lastly*, Endeavor to sleep not less than six or more than eight hours in the twenty-four; and we would indorse the well-known motto:

“ Early to bed, and early to rise,  
 Will make a man healthy, wealthy, and wise.”

**NORMAL GROWTH-RATE IN INFANCY AND CHILDHOOD.**—Dr. W. Squire read a paper on this subject before the Harveian Society. (Brit. Med. Jour.) In the care of health, he said, height and weight had always to be considered. In the young, nutrition was arrested when weight was lost, and restored when it was regained. But the mischief done might never be repaired, and in spite of the prejudice against infants being weighed, it was, he thought, a necessity. With them disturbed health was shown by the mere alteration of the normal growth-rate. During the first three months mere gain in weight was not evidence that the child was thriving, unless the gain were in the right ratio. All children, in the first few days after birth, lost five or six ounces in weight, and regained this in the eighth week, and at the same time grew an inch in height. A pound weight was gained by the end of the first month, and two pounds in the second, then the rate of increased weight was less, but two inches height was added. During early dentition both height and weight increased at a lower ratio. A child should double its birth-weight in the first four or five months, and treble it at a year old. In the first year it should grow three inches in the first three months, two inches in the next three months, and two or three in the last six months. The weights in the diagram for each month of the first year had been verified by numerous observers; the heights were approximations only to the normal growth-rate; they had been traced from some observations of the author, supported by one instance of continuous measurement for the whole year by Dr. Haehner of his own child, published in the American Journal of Obstetrics for 1880. Dr. Squire showed another diagram which gave the average height and weight every year up to the age of twelve. A child should measure three feet at three years



old, four feet at eight years, and five feet at twelve, and should weigh at three years thirty-two pounds, five years forty pounds, eight years fifty pounds, and twelve years seventy-two to eighty pounds. Throughout a child was found to grow by fits and starts, perhaps two inches in one three months, and not an inch in the next half year; rapid growth was an indication for care and rest, and loss of weight was as true a symptom of disease as one obtained by the use of the clinical thermometer. Unless girls showed increased growth-rate at eleven and twelve years, healthy development a year or two later would be hindered, and medical treatment might then come too late. In the discussion which followed, the President, Mr. R. W. Parker, and others, took part, after which Dr. Squire replied, and the meeting adjourned.

**LARYNGEAL CHOREA.**—What may take place over the whole body may occur in any portion of the anatomy. (Lancet.) That seemed to be the principle on which M. Blachez worked when he spoke at the Académie de Médecine last week on what he chose to term chorea of the larynx. The affection had been observed in two boys, aged ten and six years, the children of parents with rheumatic history. The laryngeal disturbance manifested itself as a nervous cough, very like the hoarse barking sometimes met with in hysteria, of which condition, however, there were no other signs in the boys in question. We are familiar with the deep barking cough so frequently accompanying the accession of the state of puberty, in the male sex more especially, but the above instances seem hardly to come within that category. The term chorea seems so wedded to the idea of a more or less general affection of the muscular system, that it seems hardly justifiable to speak of a laryngeal chorea.

**MALARIAL LARYNGITIS.**—In *Rev. Med. Franc. et Etrang.*, Dr. E. Briand concludes that: (1) there exists a form of laryngitis due to malaria, characterized by congestion of the larynx, giving rise, from a symptomatic point of view, to the functional signs of true croup. (2) This variety of laryngitis differs from laryngismus stridulus by the symptoms, course, and prognosis, and generally yields to treatment by sulphate of quinine. (3) It is not rare in infants, and may be recognized by the fact that it is preceded or followed by malarial manifestations.

**ETHER IN TYPHOID FEVER.**—A French physician considers hypodermic injections of ether very valuable in the adynamic forms of the disease. He reports five cases so treated. Two injections, of twenty drops each time, were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia these injections are of the greatest utility, as they are in every malady assuming a typhoid form.

It is not generally known, according to the Maryland Medical Journal, that Mr. Ernest Hart is Editor of the London Medical Record as well as of the British Medical Journal.

#### ARMY MEDICAL INTELLIGENCE.

WAR DEPT: SURGEON GENERAL'S OFFICE, }  
Washington, D. C., October 24, 1883. }

With profound sorrow, the death of Brigadier General Charles Henry Crane, Surgeon-General, U.S.A., which occurred at his residence in Washington, D. C., October 10, 1883, is announced to the Officers of the Medical Department of the Army.

General Crane, son of the late Colonel I. B. Crane, 1st U. S. Artillery, was born at Newport, R. I., July 19, 1825, and received his early education at Maple Grove Academy, Middletown, Conn. He entered Yale College in 1840, graduating in 1844, with the degree of Bachelor of Arts. The degree of Master of Arts was conferred upon him by the same institution in 1847.

He graduated in medicine at the Medical Department of Harvard University in August, 1847.

Having been approved by an Army Medical Examining Board, December 11, 1847, as a candidate for the position of Assistant Surgeon, U. S. Army, he was immediately placed under contract as an Acting Assistant Surgeon, and accompanied a detachment of troops to Mexico, arriving at "Camp Washington," near Vera Cruz, February 20, 1848. He was commissioned Assistant Surgeon, U. S. Army, February 14, 1848. From February 20 to July, 1848, he served with the "Army of Invasion," in Mexico.

On returning from Mexico, early in August, 1848, he reported for duty at Fort Columbus, New York Harbor, and was assigned to duty with the 2d U. S. Artillery. October 8, 1848, he accompanied two companies of the 2d U. S. Artillery to Fort Monroe, Va. He was then ordered to Florida with troops, arriving at Fort Pickens, Pensacola, Fla., November 16, 1848. From this date until August 10, 1851, he served at Key West Barracks, St. Joseph's Island, Forts Pickens, Brooke, Fraser, Casey, and Myers, and with expeditionary forces in the field. On being relieved from duty in Florida, and at the termination of a leave of absence, he reported for duty December 18, 1851, and on January 13, 1852, sailed from New York in the steamer "Falcon" with recruits for California. He arrived at Benicia, Cal., February 28, 1852, and was assigned to temporary duty at Benicia Barracks. From June 16, until September 1,



1852, he was engaged in field service against hostile Indians near Merced River, Cal. From September 23, until November 10, 1852, he was again in the field with an expedition in the Sacramento Valley, Cal. November 10, 1852, he arrived at Fort Jones, Cal., where he remained on duty until July 15, 1853.

From October 31, 1853, until March, 1856, he was on duty at Fort Lane, Oregon. During these years he was actively engaged in post duty and with military expeditions against Indians, prominent among which was that against the Rogue River Indians in 1856, where he rendered distinguished service.

On August 7, 1856, he was ordered to Fort Yamhill, Oregon, where he served until relieved from duty on the Pacific Coast in December, 1856.

Reporting for duty in New York, he served for a short time with the Medical Purveyor, U. S. Army. From May 1, 1857, until September 20, 1859, he was one of the members of an Army Medical Examining Board convened to meet in New York City. Being relieved from this duty, he remained in New York, acting at times as Medical Purveyor.

September 20, 1859, General Crane accompanied Lieutenant-General Scott to San Juan Island, on his diplomatic visit, returning to New York December 12, 1859, and continuing on duty as Attending Surgeon at Head-Quarters of the Army, and on special duty, until February 28, 1862.

He was promoted Major and Surgeon, May 21, 1861.

On February 28, 1862, he was assigned to duty as Medical Director, Department of Key West, Fla. On June 30, 1862, he was transferred to Hilton Head, S. C., and assigned to duty as Medical Director, Department of the South. July 31, to August 1863, he is reported as awaiting orders at Washington, D. C., and on duty connected with Prisoners of War.

September, 1863, he was placed on duty in the Surgeon-General's Office, Washington, D. C. July 28, 1866, he was appointed Assistant Surgeon-General, U. S. Army, with the rank of Colonel, and upon the retirement of General Barnes, was appointed Surgeon-General, July 3, 1882.

March 13, 1865, General Crane received the brevets of Lieutenant Colonel, Colonel, and Brigadier-General, for faithful and meritorious services during the War of the Rebellion.

In the death of Surgeon-General Crane the Medical Department of the Army sustains a serious loss. Still in the vigor of life, and with a reasonable prospect of several years of active service in the position to which he had been but recently promoted, it has pleased an inscrutable wisdom to remove him from our midst.

His record, honorable and spotless, lives after him; a source of pride and of satisfaction to his friends, a model worthy of imitation by all.

The larger portion of his official life was engaged in administrative duty, for which he had always manifested a peculiar fitness.

Selected to assist in the arduous and important duties devolving upon this office during the latter years of the War of the Rebellion, his sound judgment, delicate sense of justice and right, deliberate action, and firm decision, soon won for him an enviable reputation, and materially assisted in raising the Medical Corps of the Army to the

high degree of discipline and efficiency which has characterized it in the past and present.

In the literary and scientific work of the office he manifested untiring interest; to his watchful care, encouragement, and aid is largely due the successful progress and completion of undertakings which have gained for the Medical Corps the admiring recognition of the world.

Thoroughly acquainted by early experience with the requirements of his department, assiduously attentive to the routine of business, even in its details, punctilious in regard to the rights of all, and earnest in his endeavors to promote harmony and a healthy *esprit du corps*, General Crane labored patiently, faithfully and effectively for the best interests of his charge.

In his private life he was conspicuous for his firm, devoted friendships; for his kindly interest in, and sympathy with, the joys and griefs of those about him; for his habitual attention to the courtesies which adorn life. Unselfish and generous to a fault, his many deeds of kindness and charity were done quietly and without ostentation.

He needs no higher tribute to his worth as a man than the widespread sorrow which his loss has occasioned, and the respect for his memory which will long be cherished by all who knew him.

General Crane, at the time of his death, was one of the Commissioners of the Soldiers' Home, a Visitor to the Government Hospital for the Insane and to the Columbia Hospital for Women.

After appropriate funeral services at his late residence in this city, on October 11, 1883, his remains were removed to Shelter Island, N. Y., for interment.

D. L. HUNTINGTON,  
*Acting Surgeon-General, U. S. Army.*

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from November 3, 1883, to November 10, 1883.

*Bache, Dallas*, Major and Surgeon (Par. 1, S.O. 238, A.G.O., October 18, 1883), assigning him to duty at Willet's Point, New York, revoked. (Par. 2, S.O. 252, A.G.O., November 3, 1883.) *Sternberg, George M.*, Major and Surgeon, leave of absence granted October 4, 1883, extended one month. (Par. 4, S.O. 255, A.G.O., November 7, 1883.) *Vickery, R. S.*, Major and Surgeon, assigned to duty at Fort Townsend, W. T. (Par. 3, S.O. 149, Department of the Columbia, October 29, 1883.) *Wolverton, William D.*, Major and Surgeon, granted leave of absence for one month. (Par. 6, S.O. 201, Department of the East, October 24, 1883.) *Merrill, J. C.*, Captain and Assistant Surgeon, granted leave of absence for one month. (Par. 7, S.O. 201, Department of the East, October 24, 1883.) *Patzki, J. H.*, Captain and Assistant Surgeon, granted leave of absence for three months, on surgeon's certificate of disability. (Par. 6, S.O. 254, A.G.O., November 6, 1883.) *Owen, W. O.*, First Lieutenant and Assistant Surgeon, relieved from duty at Vancouver Barracks, W. T., and assigned to duty at Fort Stevens, Oregon. (Par. 2, S.O. 148, Department of the Columbia, October 26, 1883.) *Wilson, George F.*, First Lieutenant and Assistant Surgeon, assigned to temporary duty at Fort Townsend, W. T. (Par. 2, S.O. 149, Department of the Columbia, October 29, 1883.)



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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SATURDAY, NOVEMBER 24, 1883.

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## Original.

### ON THE NEUROTIC ORIGIN OF PROGRESSIVE ARTHRITIS DEFORMANS.\*

BY LEONARD WEBER, M. D.

Having briefly recapitulated the symptomatology and etiology of arthritis deformans, the reader proceeded to develop his personal views concerning the nature of the disease in question.

He said that among the comparatively large number of cases of arthritis deformans he had seen in the course of the last twenty years, he could not but recognize sorrow and grief, fright, irritation, and exhaustion of nerve-centers by sexual indulgence and the leading of a dissolute life factors just as potent in producing the disease as rheumatic influences, if not more so. Again remembering the symmetrical appearance and progress of the disease in most cases, no more plausible explanation seemed possible than the supposition of causes located in the central nervous system. The neuralgic and tropho-neurotic symptoms also supported this view, though it was not to be forgotten that in a spine stiff and deformed by arthritis there might easily occur changes of innervation, producing neuralgias and tropho-neurotic changes secondary in character. Finally, the negative results which he had had in treating polyarthritis deformans, after the usual anti-rheumatic method, with iodides, colchicum, etc.; and on the other hand, the very positive results obtained in similar cases by the galvanic treatment of the central nervous system, combined with a generous diet and the persistent administration of cod-liver oil and iron, led him to believe in the neurotic ori-

gin of the disease in many cases. It was through the failure of the old method that he first became convinced of the erroneousness of the conventional opinion of the rheumatic or gouty origin of this formidable malady. Up to the present, no autopsies had been made with reference to the condition of the nerve-centers in this disease, and it would be a fit subject for future research to find the changes in the cord, presumably in the anterior horns, which might induce certain forms of arthritis deformans.

With regard to the main features of the disease he had this to say: as a rule it began and developed very slowly, without any other symptoms at first but pains in one or more joints, which came and went either spontaneously or after exertion. Not infrequently the patient complained at this early stage of an unusually tired feeling in the joints. The pains were neuralgic in character, circumscribed or diffused through the limb. In the peripheral form, the joints of both hands and feet; in the central variety, the hip, knee, and spine were the parts affected. In the course of time a great deal of stiffness and discomfort were experienced. The joints enlarged and became unshapely by the proliferation of hard, osseous protuberances on the outer surface of the swollen epiphyses, and creaking or cracking in moving or palpating the joints is perceptible to the patient as well as the physician. The adjacent soft parts, particularly the muscles, showed in a comparatively early stage of the disease a degree of atrophy not at all commensurate with their passive condition alone, but much more due to peculiar nutritive changes of neurotic or myotic origin.

In the peripheral form the disease affected the joints almost symmetrically on both sides; in the central form the advance was irregular. In one case he had seen it re-

\*Synopsis of a paper read before the New York Neurological Society meeting of October 12, 1883.



main stationary in the hip-joint for many years, but attacking some joints of the fingers and toes at last. In another case, a female patient about thirty-five years of age, the upper part of the body only was affected. He had now a case under observation where nearly all the joints of the body were badly affected when he first saw the patient, who had been a helpless cripple for many months. The disorganization of the shoulder, knee, and particularly the hip-joint, led often to a considerable shortening. In one of his cases, still under observation, the shortening of the one lower limb amounted to nearly three inches.

In the spinal vertebræ ankylosis was more quickly developed by the disease than in other parts of the body. One of his patients could neither bend nor turn her head when he first saw her, the entire spine being stiff, but there were no symptoms of compression or even remarkable irritation of the cord.

The disease was slowly but steadily progressive; while it might remain stationary for a length of time, exacerbations were sure to follow. Fever or other great constitutional disturbances he had not noticed in its course. In a female patient, aged thirty-seven years, he found the urine to have a specific gravity of 1.026, containing some sugar, and phosphates in abundance. Her mother had diabetes and was a sufferer from arthritis deformans at the same time.

The following cases were selected from his records, as illustrative of the points he wished to bring out:

CASE I. Mrs. M., aged forty-seven years, American, no syphilitic or hereditary taint, but a sister is reported to be a sufferer from chronic rheumatism. Married early in life, went on the stage as a somewhat prominent actress, led an active and varied life, experienced many changes of fortune, traveled a good deal, and never hesitated to expose herself to wind and weather, yet always enjoyed good health until two and a half years ago, when, after a premonitory period of worry and depression of spirits by the loss of the last piece of property she owned, she experienced pains in both wrists and elbow-joints, followed by swelling and distortion of the same. Hands and feet soon followed, and when I saw her first, on February 27, 1883, she had not a joint that did not creak or crack or was not out of shape, except those of the clavicle and the lower jaw. The knees and spinal vertebræ were in the worst condition and the most painful. Standing and walking, even with support,

were out of the question. Her urine contained phosphates; no albumen. Sleep and general nutrition bad; bowels irregular; no treatment had so far done any good, but the disease had made rapid and steady progress. Ordered to take of

Aqua, . . . . . ℥ viii;  
Propylamine (trimethylamine), . . . . ℥ i;  
Olæosacch. cit., . . . . . ℥ ii.

A tablespoonful before, and two pills containing ferr. sulph. and potass. carbon. after each meal; good food, and a tablespoonful of cod-liver oil three or four times a day. Galvanism to spine and the cervical ganglia of the sympathetic three times a week. The local and general improvement has been so satisfactory that she is now able to get up and around with the help of a cane, and to do light work with her hands. The pain and swelling and distortion of joints are much less; sleep and nutrition greatly improved.

CASE II. Mrs. K., aged thirty-four; German, married twice, had two still-births and two abortions, second husband had syphilis and died of phthisis. Patient presents no signs of either disease; no hereditary influences. In 1877-78, severe attack of bronchitis that troubled her the whole winter, but eventually got well without any apparent damage to the lungs. After some years of trouble, anxiety, want, and exposure, arthritis deformans broke out two years ago with pain and swelling of small joints of hands and feet, soon spreading to one knee, shoulder, and hip-joint. The disease was preceded by severe headaches, from which she suffers yet occasionally, but less violently. Some of the joints present a gelatinous feel, and several nodules of the above description can be felt beneath the integuments of her arms. No pain on pressure over sternum, clavicle, or tibia. Neither specific nor anti-rheumatic treatment so-called were of any service, but the disease has been very tardy in its progress, and the disfigurements of the joints are not to be compared with those of case 1. She has always been able to walk, though not without pain, and from time to time has been confined to her room. Appetite and general nutrition not good. The treatment described in case 1, was commenced with in January, 1883, and carried out pretty regularly up to the present time, except as to the application of electricity. The result thus far has been satisfactory; further progress of the disease has been stopped; pain, swelling, and disabilities of locomotion are much less.



CASE III. Mrs. K., aged thirty-five, American, married, multipara. Father in good health; mother suffering from diabetes, and arthritis deformans. Patient well built and nourished; living in good circumstances, has been for some years very unhappy in her domestic relations, and been often deprived of rest and sleep, and otherwise maltreated. After a series of premonitory symptoms, such as hemicrania and neuralgias in the upper extremities, she showed the first symptoms of the disease in the joints of fingers, wrists, and shoulders about a year ago. Her urine contains phosphates (largely) and a little sugar. The affection has made no great progress as yet, and the treatment has not been carried out well enough to be of great service, owing to irregular attendance on the part of the patient.

CASE IV. Mrs. H., aged fifty-five years; multipara, no hereditary taint; no apparent cause beside a good deal of anxiety and grief on account of the persistent ill-behavior of her only son. First symptoms in small joints of fingers and toes five years ago. So far she has not experienced any great inconvenience from her affliction, but as often as she makes up her mind to take the propylamine mixture and cod-liver oil for some time, great relief follows as to pain and swelling.

CASE V. Mrs. S., aged sixty-five years, German; married, multipara, no hereditary taint, but a history of exposure to rheumatic influences in her younger days. First attack in her right hip-joint fifteen years ago, which led in the course of time to a shortening of nearly three inches, and now to complete ankylosis. No other joints suffered until recently, when several small joints of the hands and feet became affected, and she had to take to her bed. Various sorts of cures were applied, to no purpose. For the last three months she takes propylamine and the compound syrup of the hypophosphites, with the result that she is able to be about again, and that no other joints have been attacked.

CASE VI. Mr. G., aged sixty years, Austrian; clergyman; single; of good constitution and no hereditary taint. He served as a missionary in his prime, traveled extensively in South and Central America. He was, of course, exposed to the severe effects of unhealthy climates, and suffered many hardships besides. He had severe attacks of rheumatism, of which he got well, but eight years ago it settled in his right hip and

left knee, and when I first saw him, five years since, he was in constant agony, confined to his bed for many months, and the above joints presented all the symptoms of advanced arthritis deformans. Some of the joints of his hands and feet had also become recently affected. His urine contained albumen in considerable quantities; there was amblyopia, the ophthalmological examination showing the affection of the retina often found in Bright's disease and atheroma.

By the use of the iodides and the other remedies, he was but little relieved, but two seasons at the Hot Springs of Virginia removed the severe recent affections of the joints, relieved his kidney trouble and considerably improved his eyesight. The old affections of his hip and knee remained as before, but ceased to give him much trouble, so that he was able to be about and attend to his clerical duties.

NEW YORK.

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## Miscellany.

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J. MARION SIMS.—The following sketch of the life of Dr. Sims, was written several years ago at the request of the Louisville Courier-Journal, by the late Dr. R. O. Cowling. It was occasioned by a report that Dr. Sims was lying dangerously ill in Florida. The article was filed by the Courier-Journal, and published for the first time in its issue of the 15th inst. Aside from its intrinsic worth, the sketch will be of especial interest to the readers of the NEWS as a posthumous paper from the pen of one who was so long the leading spirit of this journal. It is a striking commentary on the uncertainty of life, that the aged gynecologist should have outlived his young biographer by nearly three years.

J. Marion Sims, one of the first of American physicians in his specialty, perhaps the foremost in the world, was born in Lancaster District, South Carolina, January 25, 1813. He graduated at South Carolina College, studied medicine at Charleston, and at the Jefferson School in Philadelphia, from which he received his medical degree in 1835. Commencing the practice of his profession in Montgomery, Ala., he remained there until 1853, when he removed to New York, where, with the exception of intervals spent abroad, he resided until the day of his death. The service done by Dr. Sims to medicine was immense. He was in fact the founder of a new department in his art—that of gynecology—which considers the special treatment of the disorders of women. Until his time the treatment of these lay in the



general domain of medicine and surgery. While not separating it from these, he built gynecology into a separate science and art. It happened in this way: Women suffered, from the peculiarity of their sex, the hundred ills of gestation and childbirth. Many of these were mechanical, but from lack of adequate means of exploration they escaped a full detection, or, if explored by the instrumentation which existed before Sims's discovery, it was by such imperfect methods that no room was left for the operations necessary for relief. He gave to surgery a simple instrument by which the pelvic viscera could be explored, and which at the same time did not interfere with operative procedure. If we except anesthesia, which rendered all long and painful operations possible, modern gynecology may almost be said to be built on Sims's speculum. And not alone did Sims discern the means which made exploration and operation possible. No one more assiduously than he worked upon the advantages thus gained, and achieved greater success in his art. Chiefest of his operations will, perhaps, rank that for the relief of *vesico-vaginal fistula*. Until he attacked it, thousands of women had gone through life made miserable by its presence, for it ranked as an incurable disease. He planned and carried into execution an operation which gave thorough relief. For the purpose of performing this operation, Dr. Sims established at Montgomery a private hospital and supported it at private expense, until at the end of four years his ardent labors were crowned with success. It was by such devotion as this, indeed, that Sims was enabled to achieve what he did. Speculative medicine or surgery did not interest him. It was classical experience and classical results upon which he was bent. To this end, by his influence and zealous work, the Woman's Hospital of New York came into existence. This institution, commencing from humble beginnings in 1855, is now one of the largest and wealthiest of the charitable institutions of the metropolis. Nowhere in the world has scientific surgery received greater impulse than from its wards, and of all the splendid intellects which within its walls have been bent to the alleviation of women's sufferings none have been greater than that of Marion Sims.

Although it will be chiefly as an inventor, who has introduced several of the most important instruments and operations of surgery, and as a clinician, who has achieved the fullest triumphs in the practice of his art, that the fame of Dr. Sims will rest, as a writer in surgery he will also take high rank. His style is clear, distinct, and simple. He laid down the plan for his chapter as he would lay down the plan for an operation. Order distinguished the work of his pen as it did that of his knife. It is impossible to misunderstand him; and though, to the cursory reader, he might seem at times to go into unnecessary length, there is no one who has to follow him in his work that does not thank him for his detail. His most systematic work is his "*Clinical Notes on Uterine Surgery*," which attracted great attention and excited much pointed criticism on account of its intimate inquiry into the sterile state. His review of Keith's operations for ovariectomy, too, which he gave forth this year, is a model of clearness and exactness. He had many of the world's honors. His fame spread over the civilized world. He had decorations in number. He was of the Legion of Honor,

a Chevalier of Spain, a Knight of Leopold in Belgium. He operated in almost every great hospital in the world, always with applause from the great masters present. His practice was immense in New York, where he drew patients from all over the Union; in Paris, where he was as well-known as at home, and where the Empress was his patient; in London, Brussels, and other capitals of Europe.

He took part in the Franco-German war as Chief of the Anglo-American Ambulance, which he and his family were chiefly instrumental in founding, and was with the French army at Sedan.

Dr. Sims was full of energy to the brim, and devoted it all to the advances of his art. It is possible that he never passed a day without work, when his health permitted. He was ambitious, and did not dislike the applause which he so fully earned. He was impulsive, and made some mistakes perhaps, in the way of professional controversy, which a colder nature would have avoided; but it would seem that it was modesty on his part that would lead him to believe that the world, after all he had done, would without his aid not defend him at every point. His life was singularly pure, not a breath having been breathed against his private character. A devoted husband, a proud, a happy and indulgent father, he was an ardent Southron, and devoted some of the best work of his declining years to the defense of a Southron's (Dr. Long, of Georgia) claim to the discovery of anesthesia.

The nation may well mourn the death of J. Marion Sims as one of the greatest of its citizens, and the South, especially, may cherish the memory of the son whose genius so lent to her fame and who loved her so fondly.

ACORNS.—Till the discovery of America, which now largely feeds the world, and to whom Europe is indebted for sweet and Irish potatoes, Indian corn, artichokes, tomatoes, as well as turkeys and tobacco, acorns were much used as human food in Europe. Boiling removes to a large extent the tannin of oak-corns, as doubtless they were first called, and in the Southern States we have two or more acorns which are quite palatable. We excerpt the following from the Medical Times and Gazette:

"The rough autumnal blast is strewing the fields with an unusually plentiful crop of acorns. So thickly studded is earth's grassy lap with this astringent harvest, that one is tempted to inquire what purpose (besides the reproduction of the quercine genus) the acorn may serve in the economy of nature, to what use, medicinal or dietetic, it may be applied by man or beast. In many parts of the country, in nearly all rural districts, in fact, in which we have made inquiry on the subject, acorns are in common use by the rustic population as a medicine in diarrhea from whatever cause. A store of dried acorns forms part of many a country house-



wife's domestic pharmacopeia, and the grated powder is administered with good effect in many cases of intestinal flux. Probably, since the acorn contains so very large a proportion of tannic and gallic acids, its operation in such cases is at least as beneficial as that of any tinctures of kino, catechu, rhatany, or other officinal astringent, administered by proper authority. Vast quantities of acorns, as we all know, are also greedily eaten by pigs, deer, and possibly other animals, who become fat and well-conditioned on this fare. It would be interesting if we could learn from some of our veterinary friends, how it is that these creatures can live and thrive upon a diet which, though it may contain some nutritive material, contains also so overwhelming a share of tannic and gallic acids that even the porcine digestive apparatus ought theoretically to be brought to a dead-lock by its use. Is it the fact, may we ask, that pigs, deer, etc., suffer occasionally from costive or obstructive troubles, by the drying up of the intestinal secretions as a result of a free diet of acorns at this season? And would it be possible, may we ask again, to make any use of acorns, crushed or ground, as an admixture in the food of horses, especially those in whom a constant looseness or "scouring" makes sleek appearance and good condition almost an impossibility?"

NEW RESEARCHES ON DIGESTION.—Some new researches on digestion which have lately come to light are summarized by the Monthly Magazine of Pharmacy. (The Druggist.) A Kietz has found that, during the first hour of digestion lactic acid is not present in any notable quantity in the stomach, but the acid present is hydrochloric acid.

The appearance sooner or later of free acid is dependent on the quantity and quality of the food as well as upon the idiosyncrasy of the individual.

Mr. Edinger has made known a reaction of the living mucous membrane of the stomach. He says that by injecting sodium alizarate, which causes the death of the animal experimented upon, it is shown that the majority of the glands of the stomach are acid during digestion. The membrane itself is not always acid.

Mr. P. Hoingsberg, in experimenting with artificial gastric juice, has found that of the albumin in raw meat thirty-nine per cent is converted into peptone, in boiled meat twenty-six per cent, and in roast meat forty-

eight per cent. Hence it would appear that roast meat is preferable to boiled meat for invalids. But in each case much will depend on the nicety of the cooking.

Mr. M. Hoffman has arrived at a very curious result; he tells us that more peptones are formed by the digestion of caseine from boiled than from unboiled milk.

Mr. J. N. Langley has studied the decomposition of the digestive ferments, and finds that hydrochloric acid and gastric juice destroy the power of the saccharifying ferment of the saliva. Dilute alkaline carbonates, he says, destroy pepsin, and in presence of trypsin these carbonates are still more energetic. The ferment of rennet is destroyed by a one-per-cent solution of soda, and by trypsin. A glycerine extract of the pancreas is rendered inactive by hydrochloric acid according to the same observer.

ABORTION IN ALBION.—We clip the following, which is sadly true of this country as well, from the Medical Times and Gazette: There seems to have been lately an epidemic of abortions. Whether the police are more on the alert, or the public conscience is becoming less sensitive on the subject, it is difficult to say; but it is probable that at no time within living memory has the trade of the abortionist been more thriving—at any rate for himself—than at present. The second of the explanations given seems the more likely. No doctor can be blind to the fact that in the ethics of men, and certainly in those of women, the crime of abortion is not nearly so harshly condemned as the law condemns it. *Ladies, the pattern of strictness and propriety in all their other dealings, who would shrink with horror from the idea of openly breaking any of the commandments, will propose to their medical attendant that he should put an artificial end to their pregnancy, with almost as much coolness as they would ask him to cauterize a wart; and they would tell him that not only do they see no harm in it, but that, as it would be to the marked advantage of their own health and their husband's temper, it must be virtuous rather than the reverse to accede to their request. We have no desire to comment on the cases now before the public, but it seems rather important to notice the discrepancy between the law's teaching and the public conscience on the subject. The medical conscience is, at any rate in quarters which have the slightest claim to respectability, explicitly*



on the side of the law, and the question is, whether the lawyers and doctors will have to come down to the level of the pregnant woman's ethics, or raise hers and a more or less sympathizing public's up to theirs. Equilibrium must be obtained in some way, or we shall find the juries refusing to convict, as they have so often done in the case of maternal infanticide.

**THE BRAIN GAUGE.**—Among the interesting minor points touched upon at the recent meeting of the British Association was that of the relation and constant ratio existing between the size and capacity of the skull in different races and the dimensions of the adult female pelvis. (*Medical Times and Gazette.*) The conjugate diameter of the pelvic brim of the mother, it was explained, acts as a gauge of the potential brain-power of the offspring by forbidding the passage into independent existence of any child having a skull, and therefore a brain, of disproportionate size. This is a fair and rational conclusion, and is fully borne out by the facts and figures regarding still-birth which have been placed on record by various observers. Thus, it was shown by Sir James Simpson that the heads of male children measure, on an average, about half an inch more in circumference than those of females, and that, in consequence, a larger number of male than of female fetal skulls are denied passage by the maternal pelvis, causing a considerable numerical excess of male over female still-born infants. It has been shown also, with sufficient clearness, that, broadly speaking, the size and weight of the brain, and therefore the external measurements of the skull containing it, may be taken as a measure of the intellectual power of the individual. There is a philosophical interest attaching to these conclusions, which does not perhaps appear quite on the surface. The bony frame, or diameter of the maternal pelvis, is thus made to serve as a direct measure and means of limitation of the mental capacity. It follows that it is impossible that any race or family should so develop exaggerated or phenomenal brain-power as to cause a deterioration or puny caliber of the osseous and muscular systems. For, the pelvis becoming contracted and ill-developed as the brain and skull became overgrown, the former would gradually exclude the passage of the latter, and the over-intellected race, with disproportionate cerebral power, produced at the expense

of the physical forces, would rapidly become extinct. The converse of this proposition would hold equally good, and the large maternal pelvis, acting, as before, as the gauge of the intellectual power of the offspring, the mother possessing the best physical conformation would become the only possible parent of the son gifted with the largest cerebral development. Intelligent natural selection would lead thus to the choice by men of massive intellect (who might be desirous of reproducing their mental attributes in their children) of wives in whom the roomy and expansive physical type should afford the best chance of the large and highly organized fetal brain passing the gauge. It is perhaps to be regretted that the question of the improvement of the human race by a process of rational as opposed to natural selection is one more of theoretical philosophy than of practical possibility.

**A PRACTICAL ESTIMATE OF SANITATION.** Speaking at a meeting at Nottingham, the other day, Alderman Worth is reported to have said that the average yearly death-rate per thousand in Nottingham was between twenty-two and twenty-three, and Dr. Seaton had told him that if the sanitary conditions were right it would be only seventeen. What did that indicate? How many people had died who would not have died if the conditions had been right? About five hundred a year. If five hundred people were embarked on a leaky vessel, and the ship went down, there would be an outcry from one end of the country to the other. And let them imagine that repeated year after year! But here was the same thing going on yearly in their midst, and yet when efforts were made to improve the sanitary condition of the town they were met with this talk about economy. They might talk about their five per cent for their money; they might talk about their big debt; but at what estimate would they put that when they could save five hundred lives yearly?—*Med. News.*

As we go to press we learn with sorrow of the deep bereavement of our friend Dr. W. H. Galt. His estimable wife died on the 21st inst., after a long and painful illness. Our readers will remember Prof. Galt as one of the founders of this journal, and join his many friends in grief at this his greatest affliction, while they extend to him in condolence their deepest sympathy.



# The Louisville Medical News.

Vol. XVI. SATURDAY, NOV. 24, 1883. No. 21.

LUNSFORD P. YANDELL, M.D., - - }  
H. A. COTTELL, M.D., - - - - - } Editors.

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## MEDICAL TEACHING.

A grave responsibility, often triflingly appreciated, rests upon those who are engaged in the dissemination of knowledge by tongue or pen. Upon no man does this responsibility rest with greater weight than upon him who assumes the office of medical teacher. All doctors, as the name implies, are teachers, and their constant duty is to direct their clients to the acquisition and the maintenance of health, and to point out to them and warn them of the obstructions which may hinder or prevent this supreme source of happiness. A wise, and a learned, and a practical, and a philosophical, and a noble, and true man should he be who accepts the office of medical professor. He becomes the teacher of the people's teachers, the leader of the people's leaders to be. He is a presbyter, a bishop, a high-priest in medicine. To few, in this weak little world of ours, are all the graces and gifts here enumerated vouchsafed; but sins of omission and innate defects may, in exigency or in charity, be condoned or overlooked. Sins of commission, however, deserve less lenient treatment.

All over the world the profession is crowded, and nowhere more sadly so than in America. All over the world the cry is,

Fewer and Better Doctors! In all lands the effort is making to elevate the standard of medical teaching, and it is the sentiment every where that in medical school management the honorable practices prevalent in the higher mercantile pursuits should obtain; and, as we have heretofore remarked in these pages, no medical school faculty may with impunity do as professors what as practitioners of medicine they would shrink from. Soliciting pupils is no less to be condemned than soliciting patients. Underbidding for students is no more defensible than underbidding for practice. We publish, in this connection, the subjoined marvelous letters. It goes without saying that Louisville is the city from which these strange documents issue. Probably every medical school in the country has, through its students, gotten possession of some of these solicitations. We hear of them north, south, east, and west. We have a large collection of them. The Dean of the *University of Louisville*, Prof. J. M. Bodine, M. D., requests us to ask the attention of the journals and of the profession to the fact that these epistles have not been sent out by the University of Louisville.

Letter No. 1, from the St. Louis Courier of Medicine:

MEDICAL COLLEGE DRUMMING.—The following letter was received by a young man now attending one of our medical schools. It shows the methods used by some institutions to underbid and win away students from other schools. This letter was apparently one of a number produced from the original manuscript, by the hectograph or other similar process:

MY DEAR SIR: A friend writes me that you purpose attending medical lectures. I write to present the claims of —, the medical center of the South and West, the healthiest large city in America—beyond the reach of the yellow fever, etc. Good board, costing elsewhere \$20 to \$25, can be had here for \$12 to \$15 per month. Owing to our exposition, railroad fare is only one half rate. No school has better facilities for medical teaching than the — Medical College. As I am allowed a certain number of beneficiaries from your State, I will take you as one, and charge you only \$50 instead of \$80. With this reduction, cheapness of board, and reduced railroad fare, you can attend one of the best schools for even less money than an inferior one. Let me hear from you. Send names of other students, and oblige yours truly. . . . .



From the address of Dr. James E. Reeves, M. D., Secretary of the State Board of Health of West Virginia, read before the American Public Health Association, at its Annual Meeting, held at Detroit, November, 1883, entitled the Eminent Domain of Sanitary Science, and the usefulness of State Boards of Health in guarding the public welfare.

The most shameful exhibit, involving the character of a medical college in "good standing," that has come to my knowledge is shown in the following correspondence:

MY DEAR SIR: A friend writes me that you purpose attending medical lectures. I write to present the claims of —, the medical center of the South and West—the healthiest large city in America—beyond the reach of yellow fever, etc.

Good boarding, costing elsewhere \$20 to \$25, can be had here for \$12 to \$15 per month. Owing to our —, railroad fare is only half rate. No school has better facilities for medical teaching than the — Medical College. As I am allowed a certain number of beneficiaries from your State (West Virginia), I will take you as one, and charge you only \$50 instead of \$80. With this reduction, cheapness of board, and reduced railroad fare, you can attend one of the best schools for less money than an inferior one. Let me hear from you. Send names of other students.

Your truly, . . .

This letter was a *tablet* copy—probably one of hundreds of the same kind sent out to catch the unwary. It came addressed (by mistake, of course) to a Wheeling physician who had already honorably finished his college course, and from him it came into my hands, as a medical college curiosity! It is without date, but its caption is freely illustrated with the name and picture of the college, and contains the names of the faculty, trustees, and "demonstrators." In order to sound the depth to which "Demonstrator" — might be willing to descend in fishing for students, regardless of *quality* (?), a veritable medical student sent him the following letter of inquiry, with orthography and syntax especially set for the occasion:

WHEELING, W. VA., Aug. 18, '83.

DOCT—

One of mi Friends who is trying to be a Doct has got a letter from you which says your College is one of the Best College For Medical Teaching in America and that the Feas are cheaper than some other good Colleges and that sutes my circumstance for I am a very poor young man and no matter how much I may Know of Thery of Medicin I cant practice in W. Va. without a Deploma from a good College like the one you have in — you offerd to take mi friend for \$50 dollars and you will do a poor young man a favor if you will take me at the same Rate for I have that much money I can pay you in cash as soon as I get there

Mi Friend will Come with me and we can stay together at the same bording house the report is here that the yeller fever is in — but I am not affred of any disease for I have had the Small Pox very bad. Tell me what books I will have to studdy at your College and when me and my friend must come We come by — I have gone through with grays anatomy and the Electric dispensary and medwifery please tell me how long I will have to stay and when I can get my Deploma and if I have to pay extra for it

In haste Yours Respectful . . .

And here is the prompt reply that was sent to this Wheeling *student*, showing that the style of his English composition was no bar to admission at — Medical College:

—, August 20, 1883.

MR.—,

MY DEAR SIR: Your favor of the 18th to hand. I have one more special beneficiary to allow; so I will take you on the same terms as I offered your friend. Am anxious that your State should have a better representation in — than it has had in the past. The other information you ask is contained in the catalogue I mail herewith. If you begin your medical course this fall, you can graduate Feb., 1885. That is as soon as any respectable school can graduate you, unless you have already taken a course. There is no place where you can learn more medicine for the same amount of money than in —. I came here in '77 with a very light pocketbook to study medicine, and, contrary to my expectations, I had a little left after graduating, and was given no beneficiary privilege either.

The cushioned seats for our new amphitheatre have arrived from the factory. They are all numbered, so that students on matriculation reserve their seats for the ensuing session, those matriculating first having choice. If you desire a seat near the front, you had better remit me the matriculation fee (\$5), leaving the balance of \$45, and I will matriculate you, select the best seat possible, and mail you your matriculation ticket and number of seat, so when you arrive you will not be crowded back so far that you will be unable to see well the demonstrations and experiments.

Hoping to hear from you in a few days, I am,

Yours truly, . . .

This exhibit shows the prostitution of medical college work to base purposes at "the medical center of the South and West." I have made the blanks to hide the identity of the actors in the comedy, because this college has accepted my friend Rauch's "Minimum Requirements" for a medical college to be held in "good standing"; and, no doubt, its faculty are ready to swear by the West Virginia schedule of requirements also! So much for mere promises of reform and a higher standard!

PROF. D. W. YANDELL.—A high honor, worthily bestowed, has just been conferred upon this distinguished gentleman. At a late meeting of the Medical Society of Lon-



don, one of Great Britain's oldest and most famous medical bodies, Dr. D. W. Yandell was chosen an honorary member. Of the many honors which have come to the Professor of Surgery in the University of Louisville, none have been more exalted than this—a distinction achieved by very few Americans and by no other Southerner. We congratulate the recipient, and, as well, the venerable University of which he is an alumnus and in which he is a teacher.

### Bibliography.

**Student's Manual of Diseases of the Nose and Throat.** A Digest Descriptive of the More Commonly Seen Diseases of the Upper Air-Tract, with the Methods of their Treatment. By J. W. KITCHEN, M. D., Assistant Surgeon to the Metropolitan Throat Hospital, etc. New York: G. P. Putnam's Sons. 1883.

This manual, which is short and to the point, is designed to give students and practitioners, who do not intend to make the throat a subject of special study, some knowledge of diseases peculiar to this region, and practical hints as to their treatment. Each affection is disposed of in a few paragraphs, in which the clinical history, pathology, diagnosis, prognosis, and treatment are given in the fewest possible words. A few plates illustrative of the anatomy of the parts, and numerous figures of the instruments and apparatus essential in throat practice, are given, while several pages are devoted to recipes and pharmaceutical preparations peculiar to this department of clinical work. Though in no sense a substitute for any of the able and elaborate treatises upon diseases of the throat now before the profession, it can not be doubted that the manual will find a quick sale and a wide sphere of usefulness.

**The Collective Investigation of Diphtheria,** as Conducted by the Therapeutic Gazette. With Editorial Summary. By J. J. MULHERON, M. D. Detroit, Mich.: Geo. S. Davis.

This work consists of answers to eight leading questions, given by one hundred and eight well-known practitioners, and a comprehensive summary with conclusions by the editor. The answers are all short and in good taste; and while they bring to light but few new facts in relation to the disease, they contain many valuable sugges-

tions for its proper management. The weight of evidence is in favor of contagion, but the specific organism is not yet found, or, if found, is protean in form. At all events, no two observers agree upon any particular morphological character for the germ, if we except Drs. Cutter and Salisbury, who are inclined to cast their votes in favor of the *mucor malignans*. A fair gauge of professional opinion in relation to this most important affection will be found in the book, and we can not but commend the enterprise displayed by our able contemporary in collecting the materials out of which it is formed.

**Tabulated Record of Obstetric Cases.** By J. A. OCTERLONY, M. D., Professor of Obstetrics and Diseases of Women and Children, in the University of Louisville. Louisville: John P. Morton & Co.

This is framed according to a plan for keeping a record of obstetric cases which the author adopted some years ago for his own convenience. It having proved of great service to him, he now wisely lays it before the profession. Ample space will be found in the first part for all the memoranda necessary to a full record of each case, while the second contains appropriate headings and special ruling for the daily record of pulse, temperature, and respiration, in such cases as may develop fever or other pathological complications of the puerperal state. The value of tabulated records of this class of cases to the physician himself, as well as to science, is conceded; and we can assure our readers that the book under notice will admirably subserve the purpose for which it was designed.

**Insanity Considered in its Medico-Legal Relations.** By T. R. BUCKHAM, M. D. Philadelphia: J. B. Lippincott & Co. 1883.

This book is an octavo of two hundred and fifty pages, printed in large, clear type well leaded, from which it may be concluded that the comfort as well as the time of the reader has been weighed with due respect by its author. Written for the perusal of doctors and lawyers—men not affluent of time nor unmindful of comfort—these points have been wisely considered. The subject is treated in five chapters with an appendix. Chapter 1 is introductory; chapter 2 treats of the "physical media theory," introduced and discussed with the "psychical" or "metaphysical" theory; chapter 3 of the "so-



matic" theory; chapter 4 of the "intermediate" theory; and chapter 5 of experts. The appendix gives the opinions of numerous eminent judges and their rulings in certain celebrated cases. The author argues cogently in support of the "physical media" theory, and urges the abolition of all so-called legal tests of insanity, while he recommends the securing of efficient and trustworthy expert testimony in every trial.

The reader will find the work to be remarkably free from technical terms, while the points in question are discussed in a clear and common-sense manner and under the full light of the latest teachings in the department of psychiatry.

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**What to Do First in Accidents and Emergencies.** A Manual Explaining the Treatment of Surgical and Other Injuries in the Absence of a Physician. By CHAS. W. DULLES, M. D., Fellow of the College of Physicians of Philadelphia, Surgical Registrar to the Hospital of the University of Pennsylvania, etc. Second edition, revised and enlarged, with additional illustrations. Philadelphia: P. Blakiston, Son & Co.

This book is well planned and executed. It contains many excellent suggestions, which, if made timely by people of cool heads and good sense, will allay suffering and save life. Though written for the instruction of the laity alone, the physician will find in its pages much that will serve him a good turn in cases of emergency.

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**Transactions of the New York Medico-Chirurgical Society.** Taken from the Secretary's records for the year 1882. New York. Printed for the Society. Vol. 2. 1883. Corresponding secretary, Geo. M. Dillow.

The volume contains 128 pages. It is issued in handsome style, and its contents bear ample testimony to the high scientific attainments of its fellows.

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**The Treatment of Wounds as Based on Evolutionary Laws.** By C. PITFIELD MITCHELL, Member of the Royal College of Surgeons, etc. New York: J. H. Vail & Co. 1883. (Price 50 cts.)

The novelty of its title will doubtless secure for this book many readers. Evolution being a law of nature, the profession must sooner or later be brought to see that it has many points of contact with practical medicine and surgery. It is with a view to defining this relationship that the treatise is

put forward, and, barring a somewhat too technical phraseology, the reader will find in it a vigorous discussion of a most fascinating phase of philosophical medicine.

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**Health Notes for Students.** By BURT G. WILDER, M. D., Professor of Physiology, etc., in Cornell University and the Medical School of Maine. (Paper.) New York: G. P. Putnam's Sons. 1883.

This little book consists of notes which form the basis of four of the six lectures on Hygiene regularly delivered to the students of Cornell University early in their first year's course. They are conceived in the author's best style, and lay before the student a concise but forcible statement of the principles involved in the problem of health. "Health Aphorisms" would be an appropriate title for the notes, and the wisdom of the author in giving them to the public in a substantial form will be commended by all who read them.

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## Correspondence.

### PARIS LETTER.

#### CHOLERA A DISEASE OF THE NERVOUS SYSTEM.

As cholera is still hovering about Egypt, and we in Europe or America can not yet say whether we shall not have a visit from the dire enemy, any thing that may be said on the subject must always be acceptable. I have therefore thought it not inopportune to send you an extract of a letter written by Dr. John Chapman to the *Journal de Médecine de Paris*, in which he endeavored to prove that cholera is a disease of the nervous system. This is nothing new to your readers, as Dr. Chapman and other authors have long ago expressed themselves to that effect. But although, since the publication of his work in 1866 entitled "Diarrrhea and Cholera, their Nature, Origin, and Treatment through the Agency of the Nervous System," Dr. Chapman advances nothing new, yet he has such a happy way of expressing himself and of putting facts together that the subject still bears a semblance of novelty, and he writes with such force and self-conviction the only wonder is that his theories are not more generally adopted and put to practice.

The therapeutic resources of a physician



are necessarily founded on preconceived theories, or on what may be acquired empirically or from the experience of others. I have said that other authors have entertained the same views as Dr. Chapman, in so far as the part played by the nervous system in the pathology of cholera is concerned; but where they differ is in the mechanism of the disease and the seat of the nervous centers in which it originates. Moreover, it is to be remarked that the practitioners holding much the same views as Dr. Chapman pretend that they can and do effect cures by fulfilling certain indications suggested by their respective theories. Dr. Chapman follows a line of practice which may be said to be peculiar to himself. I allude to his application of heat and cold—the former to the general surface, and the latter to the spine.

I shall not enter more fully into the substance of Dr. Chapman's letter, as I prefer giving it in his own words; but as want of space will not permit me to give it in its entirety, your readers must content themselves with the following extracts:

"In the autumn of 1865 cholera appeared in an epidemic form in Southampton. Being anxious to test certain views which I hold respecting the etiology and treatment of the disease, I hastened thither, and was kindly received by the principal medical men of the town, to whom I explained these views, and who were good enough to invite me to treat several cases of cholera which they placed at my disposal. . . .

"The characteristic features of the treatment consist in the application of heat to the general surface of the body as persistently as possible, and, *simultaneously*, the application of cold, by means of a spinal ice-bag, full of ice, along the whole of that part, and of that part only, of the spinal column which is co-extensive with the spinal cord, during the presence of vomiting, purging, cramps, or algidity. After these symptoms have been subdued and reaction has been thoroughly established, that reaction is controlled, in those cases in which it becomes excessive, by application of heat along some part or the whole of the spine.

"The doctrine from which the treatment here indicated in outline is the logical outcome is, that the proximate cause of all the phenomena of cholera (before the stage of reaction) is hyperemia (active sanguineous congestion, with consequent excessive action) of the spinal cord and of the ganglionic or sympathetic nervous system. . . .

"During my stay of one week at Southampton in 1865, I treated seven patients. Five of these recovered and two died. But even in the fatal cases the facts observed during their treatment attested in a striking manner the great remedial power of the method adopted. In both cases the vomiting, purging, cramps, and algid symptoms were completely overcome. A fatal result, however, in each case was almost inevitable. Of the two patients, one was an habitual drunkard, who drank gin to the last; and the other was an old woman, aged seventy-three, who, owing to poverty, had been living at almost starvation point for some time before she was attacked. . . .

"Now, the total number of cholera cases in Southampton and its neighborhood which were not treated at all by means of ice, during the epidemic of 1865, was fifty. Of these, thirty-one proved fatal. The comparative results, if stated in decimals, are therefore as follows: Of fifty cases treated by the ordinary methods, sixty-two per cent proved fatal. Of seven cases treated by me, twenty-eight per cent proved fatal. I may add that whatever was the average degree of severity of the fifty cases treated by the ordinary methods, the average degree of severity of the seven cases which I treated was, I have reason to believe, greater; for, very properly, there was a feeling on the part of the medical men who allowed me to treat cases that only those which were severe enough to be satisfactory tests of the validity of my method should be submitted to it. The severe cases just mentioned are all carefully described in my books entitled respectively 'Diarrhea and Cholera' and 'Cases of Diarrhea and Cholera.' . . .

"The medical men who had the care of the patients in question, and who watched my treatment of them, not only from day to day, but almost from hour to hour, bore testimony in writing to the efficacy of my treatment. . . .

"In July, 1866, after a further experience of the treatment in question, Mr. Bencraft, one of the medical men referred to above, again expressed to me his conclusions respecting it as follows: 'If I were attacked with cholera I should still wish to be treated with ice; but I should like to have it applied earlier than seemed to me necessary last year.' And at the same time Dr. Griffin said to me, 'It stops the cramps, vomiting, and purging; it makes the patients warm, and it prolongs life.' These two gentlemen, who had charge of nearly all the



patients at Southampton treated by ice in 1866, made these remarks to me in the presence of each other. The experience of 1866 at Southampton confirmed, therefore, that of 1865. . . .

"In many cases of cholera its attacks are gradual and insidious; in many other cases they are swift and violent; but whether they be gradual or sudden, there is urgent need that the defense be both prompt and powerful. How is it possible, however, that any medicine administered internally to patients who are the victims of almost continuous vomiting and diarrhea can so operate as to be at once prompt and powerful? As a rule, medicines given to such patients are speedily rejected; and in the small proportion of cases in which they are retained by patients in choleraic collapse they usually remain inert until the patient dies or until reaction sets in, when only too often they fatally hamper the treatment of the secondary fever. It is clear therefore that, as defensive or counteractive agents in presence of cholera, drugs are not only useless, they are worse than useless. On the other hand, the applications of heat or cold, or of both, to various parts of the surface of the body are always practicable; and if they avail to arrest the march and resist the attacks of the disease, they seem to be peculiarly fitted to operate as effective substitutes for the ordinary remedial methods which are confessedly powerless to cope with or withstand the choleraic plague. . . .

"In conclusion, I invite the reader's attention to the rapidity as well as completeness with which the chief symptoms of cholera are overcome by the treatment in question, *and especially to the significance of that rapidity in respect to the nature of the proximate cause of cholera.* Now, if *within a few hours* agonizing cramps in the abdomen and extremities, together with violent and almost incessant vomiting and diarrhea, can be put an end to; if a patient who is deadly cold, his very breath being cold, can be rendered warm all over; if his circulation, when so far arrested that he is pulseless, can be thoroughly re-established; if, being voiceless, his voice can be restored; and if his sunken eyes and shrunken features can be made to present an increasingly normal aspect by the application of *a purely dynamic agent*, viz. heat, of some degree not lower than 32° and not necessarily higher than 120° Fahrenheit, does it not seem likely that the malady itself, of which these conditions are merely expressions, is in no sense of the

term due to a blood poison ('cholera poison') or to 'cholera germs'? that, on the contrary, it is of a purely dynamic nature? and that the dynamic perturbation is originated in the nervous system by various causes (but chiefly thermal, probably also electric) capable of operating powerfully on that system? I answer these questions confidently in the affirmative, and accordingly I maintain—

"1. That though in exceptional cases cholera may present itself associated with a blood poison, it is not, as a general rule, the product of such a poison.

"2. That no proof of the existence of the so-called 'cholera poison' has ever been adduced, and that there are very strong reasons for believing that it exists only in the imagination of certain pathologists.

"3. That the so-called 'cholera germs' are as exclusively hypothetical as is the 'cholera poison' itself.

"4. That cholera does not 'travel,' as it is said to do, from place to place.

"5. That cholera originates *de novo* in any place where certain definable conditions co-exist.

"6. That (though in the focus of a cholera epidemic the influence generating the disease is often felt by persons who are not actually attacked by it, and though, when that influence tends to render all within the sphere of it liable to attack, the emanations of cholera patients, like any other foul or unwholesome emanations, may operate as exciting causes of the disease) there are very strong reasons for believing that cholera is neither infectious nor contagious.

"7. That the international regulations by which governments attempt to resist invasions of cholera are no defense whatever against its attacks, whereas its development and continuance are probably often favored by enforcement, in respect to it, of the futile and therefore unjustifiable laws of quarantine.

"8. That though their exciting causes are numerous and various, cholera (whether 'Asiatic,' African, European, or American), the so-called 'cholerine,' the summer diarrhea of temperate climates, and the 'cholera infantum' of the United States, are really one and the same disease; that these several kinds of it are only the different expressions of the different degrees of intensity with which the force causative of them operates; and that they are all, alike essentially, invariably, and exclusively, phenomena of preternatural excitement of the nervous system; and finally,



"9. That the *main element* of any rational treatment of cholera consists in exerting a powerful and exclusively sedative influence *as directly as possible and at the same time*, both on the sympathetic nervous centers and on the spinal cord."

PARIS, Nov. 2, 1883.

## Selections.

ON THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF THE OS UTERI INTERNUM.—This paper, by Dr. Henry Bennet, was read to the Obstetrical Society of London (British Medical Journal), Wednesday, October 3, 1883. The author had, in 1849, drawn attention to the existence of a muscular sphincter at the os uteri internum; and this, like all sphincters, was closed when at rest. This fact was accepted by many at the time, but now seemed to have passed out of mind. It had a most important bearing on uterine therapeutics. The ordinary physiological closed state of this sphincter offered resistance to the passage of the metallic sound; but a small wax bougie could be passed through it. By the use of such bougies he had, in 1846, discovered that the cavity of the uterus was not straight, but had an anterior concavity. This sphincter was, no doubt, greatly developed by pregnancy. It opened slightly before, during, and after menstruation, and probably during sexual congress. It was relaxed by disease, such as fibroids, chronic uterine inflammation, endometritis. The easy passage of the sound was, therefore, an indication of a morbid rather than of a healthy condition of the uterus. This fact had an important bearing on the theory and treatment of sterility. If a closed os uteri were presumed to be a morbid condition, then nearly all healthy young women who were examined would be erroneously considered to require surgical treatment.

Dr. Galabin had no doubt of the existence of a sphincter at the os internum. This was shown by the constriction often seen at this point in a laminaria tent, and by the rapid contraction of the os after dilatation. But he could not agree with Dr. Bennet that it was normally completely closed. Where the passage of the ordinary sound was resisted, a smaller one, without a bulbous end, would often pass, if the direction of the canal were hit upon, although a hitch was sometimes caused by flexion of the canal. He thought further evidence was much to be desired as

to the cure of sterility by incision or dilatation of the cervix. His impression was that he had seen a larger proportion of pregnancies follow dilatation by bougies than incision. He thought it would be of great value if some of those who performed the operation would give the number of pregnancies following in a complete series of consecutive cases. The only such series he remembered did not show a greater number than might be accounted for by coincidence.

The President remarked on the interest and value of Dr. Bennet's paper. In former years he (the President) had rarely incised the os internum. But lately where there was evident constriction (a fact of which he had no doubt), he had done so, and his results had been distinctly better. Where the os internum was fairly patulous, and the constriction affected the os externum alone, he was satisfied with its division.

Dr. Heywood Smith protested against the use of scissors to divide the os-externum, for too extensive an incision was thus made, and the power of imbibition possessed by the external os destroyed. The most scientific method of doing the operation was with Sims's narrow-bladed knife.

Dr. Playfair believed very little in stenosis of the os internum, and not at all in its incision for the cure of sterility. Incision of the os eternum, in well-selected cases, was occasionally followed by pregnancy; but he believed it was done far too often and too indiscriminately. He believed it acted, not only by enlarging the os, but by remedying the conical condition of the cervix, which was, more often than stenosis, the cause of sterility.

Dr. Champneys pointed out that difficulty in the passage of the sound was not proof of stenosis of the os internum. Difficulty might arise, even when the canal was larger than usual, from the instrument being passed in the wrong axis, or from its point catching in a fold of mucous membrane. It was only when the bulb of the sound was gripped, during withdrawal, that stenosis could be inferred.

Dr. Aveling was sure that contraction of the os internum was a cause of dysmenorrhea and sterility, and believed that incision gave more permanent relief than dilatation. After incision he did not use a stem-pessary, but passed the sound daily for a week, and then less often, till healing had taken place.

Dr. Edis thought there were instances in which division of the internal as well as the external os was needed. Each case must be



treated on its own merits, it being impossible to lay down any general rule. After incision, he used a stem-pessary, the patient being carefully watched.

Dr. Murray thought division of the os uteri for sterility alone of doubtful utility. He had seen many cases in which it had been done without good results. It was not free from risk to life, and ought not to be done simply at the request of the patient.

Dr. Henry Bennet gathered that his views were generally accepted, although some might not go as far as he did. Deep division of the cervix had been formerly, and he believed was still, too frequently performed by some practitioners. The abuse of surgical treatment might be on the wane in England, but certainly was not elsewhere. It was therefore desirable to establish the anatomy, physiology, and pathology of the os internum on a sound basis. Other waves of opinion were setting in, equally exaggerated in their character; as for instance, in America, the unjustifiable sewing up of the lacerated cervix uteri for insignificant lesions easily cured by the simplest local treatment, and, with us, the abuse of pessaries.

THE CAUSATION OF CONGENITAL CLUB-FOOT.—Mr. A. Quarry Silcock read a paper on this subject before the Harveian Society, October 18, 1883. (British Medical Journal.) Having described the varieties of the deformity, and briefly stated the various theories propounded to explain their origin, the author contended that Cruveilhier was right in attributing the malformation to a vicious position of the fetus in utero. In the case described by him in his *Anatomie Pathologique*, the legs of the fetus, instead of being flexed on the thighs, as usually is the case, remained extended and applied to the anterior aspect of the trunk; while the feet, jammed beneath the chin, had become distorted and twisted, the one into the condition of varus, the other into that of valgus. One knee was bowed outward and backward; the hands were turned over upon the radial borders of the forearms, having been forcibly compressed between them and the legs. The several parts of the fetus thus exercised a certain amount of potential pressure upon each other; in other words, the limbs were so placed that, as they grew, they encountered a definite resistance from other parts of the fetus against which they were jammed; so the growth of the affected parts was more or less restrained in the direction which it ought to take; and, since develop-

ment naturally progressed in the lines of least resistance, the normal configuration of those portions of the body compressed was lost; consequently they became deformed, and thrust into unnatural positions. This state of things could not be influenced by the amount of liquor amnii, for the pressure of the uterine walls, being equally distributed, was equally conducted in all directions; hence it must affect all portions of the fetus alike. In a fetus with club-hand and partial absence of the radius, it was proved that the radial border of the forearm had been bent over the prominent lower margin of the thorax, so that by reason of the pressure to which the parts had been subjected, the radius had partially failed to develop. It appeared, too, that the degree of distortion and its direction were proportionate to, and dependent upon, the amount of compression brought to bear on the parts affected. The majority of new-born children had a tendency to varus, but when expelled from the uterus, the distorted members tended to develop in the normal direction. Club-hand was less frequently met with than club-foot, on account of the greater mobility of the wrist-joint as compared with the ankle; consequently in the former there was less liability to permanent displacement. As to the theory that the deformity was engendered by muscular paralysis, or spasm, brought about by some nervous derangement, the only nervous lesions described were partial or complete absence of the brain and spina bifida, and these only in a very small percentage of cases. Dr. de Watteville had kindly tested electrically the muscles of the peroneal district in a case of double congenital varus, and found that their reactions were normal. Eschricht's explanation only applied to cases of varus; but all gradations of the deformity were met with, from the most extreme forms of varus to those of valgus; and varus and valgus were sometimes coincident in the same individual. Moreover, the femora were generally perfectly natural, or even rotated out to some extent. Hueter's theory was disproved by the fact that in the majority of cases there was no obvious deformity of the tarsal bones. It was difficult to reconcile the theory advanced by Cruveilhier with the undoubted fact of heredity; but, inasmuch as the majority of cases were not hereditary, it was fair to regard the few examples to the contrary as coincidences merely; and it was possible that the tendency to a vicious position in utero might



be transmitted through the fathers. As to the ultimate cause of this position in utero, in the remaining and majority of cases, one could only surmise; but it might belong to that class of circumstances usually included under the term "accidental;" so that Hippocrates may indirectly have been in the right when he attributed club-foot to accidents happening to the mother during pregnancy. Mr. Noble Smith said the theory of intra-uterine pressure as the cause of congenital talipes was a very enticing one, but he could not accept it without further evidence. Mr. J. Thompson took exception to a statement made by the author that nearly all children had a tendency to varus at birth; he had never observed it. Mr. R. W. Parker coincided with the author. Against the nerve-lesion theory, he cited the case of a child with congenital varus, who died of tubercular meningitis. He made, in conjunction with Mr. Shattock, a most careful examination of the spinal cord, the spinal nerves, and the muscles presumably affected, and found them perfectly healthy in every respect, both macroscopically and microscopically. Mr. Silcock briefly replied.

**CORTICAL CEREBRAL LOCALIZATIONS.**—The Medical Times and Gazette extracts from the *Revue de Médecine*, on Cerebral Localizations, by MM. Charcot and Pitres. The concluding paper of the series, which appears in the October number of that journal, deals with the cases that have been brought forward during the last four years as opposed to the doctrine of localizations in the cortex of the human brain. In entering upon this part of the subject they very justly observe that those cases alone can be accepted as conclusive which are surrounded, so to speak, by certain guarantees; and the same value should not be attributed to complex cases, or those which have been incompletely studied, as to simple ones which have been carefully recorded and are accompanied by an exact and complete description of the situation of the lesions discovered on post-mortem examination. They divide into three groups the cases that ought to be rejected: (1) Cases of intracranial tumor. The reasons for excluding tumors are both numerous and weighty; most cerebral tumors act in different ways at the same time, *i.e.*, they destroy one portion of the brain, irritate another, and compress the remainder; such cases are not, therefore, so simple as they may at first

sight appear to be, for irritative lesions always present great difficulties, and the phenomena of compression are often simply inscrutable. Intracranial tumors, no doubt, are well worthy of study, but they can never have the same localizing value as partial limited destructions, such, for instance, as softening. The majority of cases of cerebral tumor are eminently complex, and consequently unsuited for the particular line of research under consideration. (2) Complex cases with diffuse or multiple lesions. It is unnecessary to dwell upon this group, for the very essence of a localizing lesion is that it should be single and well defined. (3) Cases in which the description is incomplete. In order that a case may be used for purposes of comparison, it is essential that the symptoms during life shall have been carefully observed, and the post-mortem appearances well described. As a general rule, the clinical part of the case is sufficiently well recorded, for it is easy enough to recognize paralysis, contracture, or convulsions, but a methodical and complete examination of the brain is by no means so easy. All cases in which the situation of the lesion is indicated only in a vague manner ought, therefore, to be rejected. The final outcome of their studies is formulated in the following emphatic manner: "There does not as yet exist a single accurate observation of a destructive lesion outside the motor area having produced permanent paralysis; nor does there exist a single accurate observation of a destructive lesion of any extent of the ascending convolutions which has not given rise to permanent paralysis of the opposite side of the body."

**THE DIAGNOSIS OF GASTRIC DISEASE.**—If we may concur in the teachings of M. Rommelaere, the quantitative estimation of the chemical constituents of the urine may prove of value in the diagnosis of the common forms of gastric disease. In our issue of September 1st, we gave an outline of the results at which this physician had arrived up to that period. The number of the *Journal de Médecine de Bruxelles* for September contains some fresh statements in the same direction. A *résumé* of the conclusions arrived at thus far is embodied in the following sentences: A cancerous ulceration of the stomach is attended with diminution in the amount of urea excreted per diem and also of the urinary chlorides. Simple gastric ulcer is associated with normal azoturia (if that expression be allowed)



or even hyper-azoturia, and the chlorides are of normal amount or in excess. Spreading gastric ulcer is accompanied by normal or hyper-azoturia, but with decrease in the chlorides of the urine.

**PILOCARPIN AS A HAIR TONIC.**—R. S., (Portland, Oregon) asks: "Would you be kind enough to state if there is any harm in using pilocarpin as a hair tonic and promoter; and if so, what are its harmful effects?" Jaborandi or pilocarpin, used externally, would probably not affect the system very decidedly, but their influence on the growth and color of the hair is still a matter of doubt. As to the medical properties of the drug administered internally, we would refer you for details to the last edition of the United States Dispensatory, or the current medical literature to be found in periodicals. In a few words, a dose of jaborandi or pilocarpin produces sweats varying from nine to fifteen ounces, while the flow of saliva is measured by pints (five hundred to seven hundred grams, or about eighteen to twenty-four fluid ounces). The state of the patient, while this is going on, may easily be imagined. At the same time, after a number of doses, he will have the satisfaction of seeing his hair growing thicker and darker; and if he perseveres long enough, should nothing happen, he may succeed in obtaining a good head of black hair. In some cases the eyes also turn darker.—*The Druggists Circular and Chemical Gazette*.

[Does any one know that pilocarpin has such powers? Certainly not. Assertions have been made by a few writers, that pilocarpin changes the color of the hair and eyes, but assertions are seldom truths. The senior editor of the LOUISVILLE MEDICAL NEWS will give fifty dollars for five authenticated cases of such color changes.]

**LUMBRICUS IN THE PANCREAS.**—Dr. John Pearson Nash, London, in the *British Medical Journal*: In your issue of September 29th, you report that Dr. Oks, of Rasgrad, Bulgaria, describes in the *Vratsch*, the case of a phthisical patient, at whose post-mortem examination was found a lumbricus lodged in the common duct of the liver. Some years ago, when acting civil surgeon at Mercara, in India, I found, in a very emaciated patient, who died in the Civil Dispensary at that station, a lumbricus, six inches in length, coiled up in the pancreas. The rainfall at the station was unusually heavy, two hun-

dred inches during the monsoon, which probably accounts for the ova being washed into the tanks of drinking-water, and the cause of so many persons suffering from these worms; some of whom passed upward of one hundred after taking a dose of santolin and castor-oil.

**PERCENTAGE ON PRESCRIPTIONS.**—The Toronto Telegram has again referred to this subject, and says, "It is a common practice in Toronto—so common that the exception would be noteworthy." We think that our contemporary, which is generally very fair toward the medical profession, goes too far in fastening this charge upon such a large portion of the physicians of this city; and yet we have to acknowledge with regret that many, from whom we have a right to expect better things, take a commission from their druggists. The bonus given varies from twenty to thirty-five per cent, twenty-five and thirty per cent, being very common.—*Canadian Practitioner*.

**BORACIC ACID NOT HARMLESS.**—There is a case reported in *Schmidt's Jahrbücher* following the use of an injection of a four-per-cent solution for chronic diarrhea, and the Medical Record reports a death supervening upon its external use in an ulcer. The cases teach us that boracic acid is not so harmless as is usually supposed, and warn us to be cautious in its use, either pure, or in such combinations as borax, boro-glyceride, etc.

**BLOODY RAILROADS.**—The New England railroads have killed in the past year, two hundred and twenty-one persons, and injured five hundred and thirty-five.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S.A., from November 10, 1883, to November 17, 1883.

*Bache, Dallas*, Major and Surgeon, ordered to report in person to the commanding general, Department of the East, for assignment to duty. (Par. 10, S.O. 259, A.G.O., November 12, 1883.) *Gardiner, J. de B. W.*, Captain and Assistant Surgeon, relieved from duty at Fort Huachuca, and assigned to duty as Post Surgeon at Fort Bowie, A. T. (Par. 1, S.O. 104, Department of Arizona, November 8, 1883.) *Egan, Peter R.*, First Lieutenant and Assistant Surgeon, upon being relieved from duty at Fort Bowie, A. T., to proceed without delay to Fort Huachuca, and to report to the commanding officer at that post for duty. (Par. 1, S.O. 104, Department of Arizona, November 8, 1883.)



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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SATURDAY, DECEMBER 1, 1883.

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## Original.

### OBSERVATIONS ON THE PATHOLOGY OF PREGNANCY-VOMITING.

BY RUFUS W. GRISWOLD, M. D.

The stimulus for this paper was an editorial, a few months ago, in the Louisville News. That editorial was evidently based upon observations by some of the brilliant lights in gynecological science as to what was or is the essential factor in the often very troublesome trouble of vomiting in many cases of pregnancy. And now, as the reflection from these brilliant lights *sometimes* casts its rays in directions wide of the truth, and so is calculated to lead the less-experienced and younger practitioners into pursuit of conditions not existing in the great majority of pregnancy-vomiting cases, I essay to put on paper some common-sense observations as partial correctives of fallacious teachings. The task is not new to the pen: the pen has heretofore not been wholly unsuccessful in that direction, and may not now be.

Consultation with some of the writers on obstetrics of the two or three generations gone before, on the cause of pregnancy-vomiting, gives us this: Burns—Vomiting is a very frequent *effect* of pregnancy. Penmore—Sympathy which one organ has with disturbance in another; also, the prone position, which causes upward pressure. Blundell—One of the diseases of which pregnancy is the cause. Churchill—Intimate sympathy between the uterus and stomach. Others present much the same general observations. Dewees, Ramsbotham, and other eminent writers do not touch the subject in their standard works; and so the student is left quite in the dark in regard to specific factors in the trouble. Perhaps in part because of this paucity of specific the-

ory upon the point, later writers have attempted something more lucid and determinate; but in attempts this way they have builded upon old cases to establish general rules, and in so doing have fallen into error more grievous than the old indefiniteness. Let us see how this is:

Referring to the editorial spoken of, we are told that Grailey Hewitt puts out the theory that pregnancy-vomiting is caused by flexion and malposition of the uterus; Robert Barnes says that it is the result of extreme tension of the organ from the growing ovum; Henry Bennett has the opinion that it is caused by inflammation of the cervix; Marion Sims attributes it to a hyperesthetic condition of the neck of the womb. Of other writers on the matter, M. O. Jones considers the cause to be congestion (synonymous with Sims' hyperesthesia) or granular erosion of the cervix, and Dr. Copeman that the trouble is the result of induration of the cervix and contraction of the canal. Of others, some give us one pet theory and some another; but it is not necessary to the purpose of this paper to quote further from "authority"; what we have here is sufficient as a basis for remarks.

It will be observed that the men mentioned are all brilliant writers, widely and well known. It is of the more importance that any factor of error they may present to their humbler brethren should be exposed to correction. While the theory by each one adopted has in it a fraction of truth, it is so presented that in each one is a much larger fraction of false teaching. While it is true that in a given number of cases of pregnancy-vomiting a percentage of them, on examination, will be found to present flexion or some other malposition of the uterus, another percentage inflammation of the cervix, and still another hyperesthesia, or congestion, or induration, or granular erosion, and another batch may have contraction of



the canal, it is not the less true that a further fraction, constituting the large majority of the whole, will not give any one of these abnormal or pathological conditions; in other words, in the large majority of cases of pregnancy-vomiting there is no disease of the uterus whatever, and no malposition sufficient to constitute either disease or abnormality. Some of the most obstinate and violent of the attacks occur in pregnant women quite free from any disease at all, and in whom the uterus and its appendages are entirely healthy. Further, other women with whom there *is* some form of trouble, either version—retro or ante—or ulceration, erosion, congestion, or inflammation of the cervix, or contraction of the canal, or some other pathological condition—plenty of such—go through the entire period of gestation without any disturbance of pregnancy-vomiting.

Taking these two facts in mind—pathological trouble without vomiting, and vomiting without pathological trouble—the question as to how much connection there may be between the disease or abnormality of the organ and the coexisting condition of vomiting, as cause and effect, is left very broadly open. Given an eroded or congested uterine neck in a pregnant woman troubled with morning-sickness, and it is easy to say that the vomiting is caused by the disease of the womb. An opinion that way is plausible, but it may be erroneous. The logic of the deduction is illogical logic. When one pregnant woman vomits every morning, and is known to have a contracted cervical canal, it may seem justifiable to assert that the contracted canal is the exciting potentiality of the stomach trouble; but, when a second pregnant woman has the contracted canal and doesn't vomit, the correctness of the first opinion may be justly called in question; and when a third woman in gestation unloads her gastric organ every day, and her cervical canal is quite free from even a suspicion of contraction, the captious inquirer begins to wonder how much the contraction has to do with the retching in the case of the first woman, and to question whether it really has any thing at all to do with it. These differing conditions in different child-carrying women are not suppositions, they are the demonstrated facts from the experience and observation of thousands of practitioners: and when the master teachers in the science of obstetrics promulgate their theories of the *cause* of pregnancy-vomiting, as depend-

ing upon some pathological condition of the organs of generation, it is well that they be asked to consider and explain away the undoubted facts that contradict their broad assertions, and that the reader demand of them the *perhaps* that belongs to every individual case. It is not wise, it is not in accord with the demands of exacting science, it is not philosophical or logical, to jump to an etiological conclusion from a basis so untenable and so susceptible to just criticism as the one that underlies the theories under consideration.

This is not to be considered as arguing that the theories are wholly without truth. The more sensible, the correct way to put the matter is more nearly this: In the first place, a woman in gestation may vomit from any one of a great number of causes, all quite independent of the peculiar condition. This would be vomiting in a pregnant woman, but not properly pregnancy-vomiting. Pregnancy-vomiting may have its excitation in any one of a number of causes. In a given case, the trouble may be coincident with a granular erosion of the cervix (Jones); it may be *dependent* upon that, or it may not be, since either of the conditions may be present in a second case in the absence of the other. In another case, vomiting may be coincident with inflammation (Bennett), and may be dependent upon it, or it may not be, for the same reason as above given. And so on, with reference to the co-relation of the other supposed causes mentioned (Copeman, Sims, Hewitt), when they exist coincidentally with the vomiting. It is not unreasonable to believe, it is doubtless true, that the coincident pathological conditions noticed *are* in more or less cases the cause or causes of the vomiting; but they are not so in all cases. In regard to the theory of Barnes especially, namely, tension from the growing ovum, that also may be a cause in a given case, though it will fail to fit that other case which begins (as is not infrequent) directly after conception and before any tension is exercised. The ground of complaint is, that while observing each for himself, that some given pathological change or abnormality of position of the gravid uterus in a particular case, or in a number of cases, is accompanied by the vomiting, that therefore it should be taken for granted and taught that the especial change or abnormality is the particular and essential factor of mischief in all cases. Howsoever eminent the teacher may be, to what degree able, or to



what extent brilliant or profound, the common sense of the observant, though perhaps obscure practitioner of experience will rebel against the teaching.

While, therefore, it may be admitted that the cause of pregnancy-vomiting, in a minority of the total cases, is some one or other of the conditions spoken of by the writers named, or is the outcome of some other either organic or functional disease, it is not the less certain that in the large majority of cases there is no real disease at all for the foundation.

Churchill is quoted above as attributing the trouble to "intimate sympathy between the uterus and stomach." One who chooses to put aside purely nervous causes as factors in the production of functional phenomena in organs remote from the point of pathological or physiological disturbance, may scout this notion as unscientific and unsatisfactory; but it is closer to the truth in most cases, in the matter under consideration, than the theories of the more modern writers spoken of. The predominating potentiality of vomiting in pregnant women is the *pregnancy itself*. No disease, either organic or functional, is essential to the production of the morning-sickness. The conception is the addition of a physiological condition, often minus pathological change or mechanical displacement, that affects powerfully the whole structure of the female, producing not only visible physical changes in all the organs of generation, but great disturbance of the nervous system as well, one important manifestation of which is rightly termed pregnancy-vomiting. If the disturbance that has always been known by that name is confined to those females who have flexion or congestion, or hyperesthesia, or erosion, or induration, or contraction—one or more—then it is time the profession discarded the term of pregnancy-vomiting as being pathologically incorrect, and called the trouble vomiting of uterine flexion, or of granular erosion, and so on, so as definitely to understand what there is to treat, and what it is we are talking about; and so as also that we shall not go wandering through the field of medical therapeutics quite aimlessly and in vain, but the rather attack at once every pregnant female coming to our hands, ailing at the stomach, with the speculum and probe and other traps of the expert in surgical gynecology.

In confirmation of the validity of the ground thus taken herein, it may be further observed: There are plenty of women who

have one or another of the ailments spoken of by the authorities quoted as being the etiological factors in "morning-sickness," who carry their special disease with them for months without disturbance of the stomach as a result of it. The disease is not always a bar to conception; and so a great many of these women get in the family-way. Not long after, and sometimes very soon after, that interesting event—pleasurable or deplorable, as circumstances decide—occurs, the woman begins her morning call to vomit or spit up her breakfast. Now comes this question for the masters, Why didn't she do that thing before? There was your displacement of the uterus, or the existence of the disease of it, perhaps for months previous; but no accompanying disturbance of the gastric organ. The physician finds disease at the neck of the womb, and says: Ah, yes, I see. Does he see correctly? Is the vomiting in that case the result of the disease; or is it the result of nervous sympathy affecting the stomach in exactly the same way as it is affected in another case where there is no particle of disease about the womb and no abnormality in its position? If one woman who has no granular erosion vomits just as obstinately as another woman who has, what is the warrant for saying that the erosion has any thing to do with the trouble? This question may be left for the advocates of some uterine lesion as the essential factor of pregnancy-vomiting to answer at their leisure. The proposition that the lesion has nothing to do with the vomiting is quite as reasonable as the proposition that it has; it remains an open question. It may be claimed that the success of treatment instituted in certain cases justifies the assumption that the uterine lesion or flexion was the etiological factor in those cases. This may be granted, with the reservation that it must be remembered that in a very large majority of cases of the trouble vomiting spontaneously abates after a time, and that it is often difficult to determine in a particular case how much of the relief may have depended upon treatment and how much is due to the credit of a spontaneous abatement. But admitting that in some cases where lesions exist local treatment actually *results* in cure of the stomach disturbance beyond question, it does not therefore follow that even any considerable minority of the total of vomiting pregnant women have uterine disease since, besides the large number of cases of spontaneous relief, another large number are permanently



eased by general medication—a result in no wise to be looked for *if* the sickness depended upon either pathological change of the womb or malposition of it.

This, then, is the result of the consideration of the matter. The implied doctrine that pregnancy-vomiting as the general rule is caused by the uterine deviations from a healthy condition, as laid down by the eminent men quoted in our paper, and that the old theory of intimate sympathy as the prime factor was erroneous, is not true. The sufficient potentiality in the vast majority of cases is the simple fact of *existing pregnancy*. The practitioner who loses sight of this old view in his study of the newer lights may be led into unnecessary errors of surgical treatment in a great many cases which would be much more sensibly cared for by easier and more agreeable means.

ROCKY HILL, CONN.

### Miscellany.

#### "A TRAP TO CATCH MEDICAL STUDENTS."

We have been shown a letter, addressed to a young gentleman now studying medicine in one of our colleges, of which the following is a copy: "My dear sir: A friend writes me that you purpose attending medical lectures. I write to present the claims of Louisville, the medical center of the South and West, the healthiest large city in America—beyond the reach of yellow fever, etc. Good board, costing elsewhere twenty to twenty-five dollars, can be had here from twelve to fifteen dollars per month. Owing to our Great Southern Exposition, railroad fare is only one-half rate. No school has better facilities for medical teaching than the Louisville Medical College. As I am allowed a certain number of beneficiaries from your State, I will take you as one and charge you only \$50 instead of \$80. With this reduction, cheapness of board, and reduced railroad fare, you can attend one of the best schools for even less money than an inferior one. Let me hear from you. Send names of other students and oblige, yours truly, ———."

If this was the only letter of its kind sent out by the writer we could have nothing to say, as there might be some peculiar circumstances in the case which would at least bar criticism, but judging from its appearance it is one of a large number which have doubtless been circulated throughout the

South and West. *The author, who is one of the demonstrators, wrote either with or without the knowledge and consent of the faculty; if without, the faculty owe it to the college and themselves to at once sever his connection with the institution; if he wrote with their knowledge and consent, then the college is not the first-class institution it is claimed to be, and it should not be recognized by any State Board of Health.* For the student, who is likely to be caught by such an artful dodge as this, is one, generally speaking, not endowed with an overstock of common sense, and whose preliminary education for the study of medicine is not up to the requirements. Just here we see, by the last N. Y. Medical Journal (Nov. 17, 1883), that one of these letters was sent to a gentleman in West Virginia, and that a medical student there sent a letter, which was purposely written with bad spelling and bad grammar, to the writer of the foregoing letter, inquiring whether he would be received on as favorable terms as others, etc.; to which the answer promptly came that he would be received, and that if he entered this fall he could graduate in February, 1885. *Gentlemen of the State Board of Health! this should be inquired into.—Weekly Medical Review.*

[Editors and others will please observe that this is not the *University of Louisville*.]

REVACCINATION.—M. Jules Ferry has issued a circular ordering the revaccination of all scholars in French public schools. This order is explained by the fact that it has been ascertained that, in those schools in which revaccination has been carried out, no case of smallpox has been known to occur for a series of years, the reverse being the case in many schools in which revaccination has not been carried out.—*British Medical Journal*.

DR. HOLMES relates the following to illustrate the significance of small things in the sick-room: "Will you have an orange or a fig?" said Dr. James Jackson to a fine little boy now grown up to goodly stature. "A fig," answered Master Theodore, with alacrity. "No fever there," said the good doctor, "or he would certainly have said an orange."

DR. FERRIER ON THE FUTURE OF CEREBRAL SURGERY.—At the conclusion of his introductory address, delivered before the Royal Medical and Chirurgical Society, on Tuesday last, Dr. Ferrier made a most im-



portant observation, which can not fail to prove of interest to all contemporary surgeons. (The British Medical Journal.) He remarked that physicians would not be justified in advising surgical operations on the brain, and surgeons would refrain from active interference, until the principles and diagnosis and regional disease had been established with as near an approach to certainty as is possible, where all is hidden from the eye and hand. But, he continued, it is doubtful that any reason now remains why a surgeon, who fearlessly exposes the abdominal viscera, should not open the cranial cavity. Dr. Ferrier has seen complete recovery constantly follow some of the most formidable operations that have been performed on the brain and its coverings, in animals of the most delicate and almost human organization, when stringent antiseptic precautions had been taken. He can not, therefore, but believe that similar results are capable of being achieved on man himself. Secondary inflammation can be absolutely prevented, and there is no risk to life from even extensive destruction of the cerebral hemispheres. In removing tumors or diseased cerebral tissue no doubt healthy structures might be injured; but this would not necessarily cause mental disorder. The triumphs of abdominal surgery, due in a great measure to advances in clinical and pathological science, and the correct appreciation of the physiology of abdominal structures and organs, have been followed by a great activity in the department of thoracic surgery. Surgeons now have the high authority of Dr. Ferrier to encourage them in untried efforts for the cure of cerebral disease by operation. It may be said that trephining is a very old, and yet still a not very satisfactory practice; but hitherto it has generally been performed for the relief of some result of injury when deeper and more serious damage exists, or for the cure of a local condition implying, of necessity, more or less general disease of the brain. Tapping the pleura and cesarean section are also very old operations, practiced long before thoracic and abdominal surgery had reached their present extended stage of development. They have been supplemented or superseded by operations performed with more deliberation, and not so often under conditions of emergency. Through the labors of Dr. Ferrier, the future surgeon will probably perform with success operations which will bear the same relation to simple trephining as ovariot-

omy and Porro's operation bear to repeated tapping of ovarian cysts and cesarean section.

TWO INTERESTING CASES OF NEEDLES IN THE BODY FOR A CONSIDERABLE TIME.—J. Somers Buist, M. D., in the Med. and Surg. Reporter, November 10th, says: In your journal, in October, I see a notice of the presence of "a needle forty-six years in the body," as reported by Dr. C. J. Walton, in the Louisville Medical News. As these cases are very interesting, illustrating the immunity with which the living tissues bear the presence of a foreign body, without serious inconvenience, I report that I removed a needle from the left thigh of a young lady aged twenty-six years, which, from positive evidence, had entered the right arm at the early age of two years. The presence of the needle was well known to her parents, and at intervals of her life frequent sharp neuralgic pains had been complained of, extending over the thoracic region, and latterly around the pelvis; an acute lancinating pain directed attention to the left thigh, and about midway in the soft tissues, at the posterior portion, I detected the foreign body. As in Dr. Walton's case, I had to make an incision, and it required considerable force to extract the needle. It was blackened and rough, and examination showed that it was of a pattern not at present manufactured. The migratory tendency is here illustrated, as this body had traversed from one side to the other, and though suspected, had in the long period of twenty-four years failed to be detected.

I would also report in this connection the following: I was called to operate a few months since on a suspected aneurism in the right thigh, in a lady aged sixty-five. Not satisfied as to the correctness of the diagnosis, I made an exploratory incision, and evacuated about one pint of semipurulent fluid from a large abscess, bound down by the fascia lata. Exploring the cavity, I detected a small, thin, sharp body imbedded in the lower third of the femur, and withdrew, without trouble, two thirds of an ordinary needle. The case made a prompt recovery. Investigation showed that the needle had entered the thigh six months before. In the Boston Medical and Surgical Journal, Dr. M. D. Church reports a case of fatal suppurative hepatitis, due to a pin in the vermiform appendix. The pin was swallowed in August, and the illness did not begin until November.



THE LOUISVILLE MEDICAL HERALD—VAL-EDICTORY.—After a period of nearly five years' service in the active duties of journalism, the exacting demands of a large and constantly-growing private practice induce me to entertain a proposal to buy the MEDICAL HERALD. As I reflect upon the past, there are few matters, indeed, to awaken feelings of regret. The work has been a source of much pleasure; and, if at times I have felt in duty bound to expose corruption, to oppose opinions, or to praise the good and condemn that which appeared bad, I hope the importance of such matters may be regarded as my reasonable excuse. The HERALD has won an honorable position in the world of journalism, and its worst enemies (I am sure it has some) can not say it has not been entirely independent in tone. It has become a valuable property, and has been sold to its publishers for a good sum in cash.

Retiring from active journalism, I promise those good friends, who have so often applauded my efforts, not to lay my pen aside. I shall now have time and opportunity to complete an undertaking of authorship in the near future, which I have long had in contemplation, one which I have reasonable hope may serve a good purpose.

Profoundly grateful to those who have encouraged and sustained my venture as a journalist, I owe no apology to those whose conduct I have felt it my duty to condemn.

Wishing it a long and prosperous career, I now resign the editorial charge of the HERALD, it is to be hoped, to a more able chief, whose course I shall watch with no small degree of interest.

To the journalistic guild I return grateful acknowledgment for an unbroken fellowship and much encouragement in my first venture in a wide and important field of labor.

Patrons, friends, brethren, adieu! May the God of destiny guide us aright, and, giving us courage of our convictions, endow us with the power to give them adequate expression. DUDLEY S. REYNOLDS.

TROUBLE AMONG PHILADELPHIA MEDICAL STUDENTS.—The daily papers give accounts of much unhappiness between the students of Jefferson Medical College, Philadelphia. It appears that the senior students thought that they were crowded out by the juniors from the best seats at the clinical lectures. They therefore called a meeting, organized, and addressed a petition to the faculty setting forth their griev-

ances. The juniors then called a meeting also, and circulated a counter-petition. During this meeting some of the senior students came in, and after a free interchange of paper wads the gas was extinguished. A general mêlée in the dark followed, with the result of producing some interesting cases of minor surgery. Next morning, when the two classes assembled, the row began again, and there seems to have been something in the nature of a free bruising matinee.

We regret to learn of such incidents as the above, and venture to express the wonder that some of the more pacific sections of the National Code of Ethics were not read to these violators of order.—*Medical Record*.

AMERICAN PROFESSORS.—America's contributions to science are by no means very extensive, or very often important, that is, as compared with the great volume of German production, in which comparison they seem almost insignificant. We have never duly fostered research, for we have bestowed upon it neither the proper time nor office. There are, we suppose, at least six thousand "professors" in the United States. Are there one hundred and fifty of them active investigators? The time seems remote when every American professor will be expected to be also an investigator, or to contribute aught to the common fund, but among us is a little band of men who have before them the model of Germany, and who are earnestly working for the intellectual elevation of their country. The first object is necessary to render research more important in public estimation, and so to smooth the way for a corps of professional investigators. Every thoughtful person must wish success to the attempt.—*Science*.

HARMLESS FILTH.—Decomposed Animal Matter in Water used for Drinking and Domestic Purposes for fully Two Weeks or longer, without any Deleterious Effects, by a Garrison of at least Eighty Souls, is the title of a paper in the New York Medical Journal, of November 3d.

HOW TO TAKE TINCTURE OF IRON.—To disguise the taste of tincture of iron, Dr. Haner recommended that tincture of the sesquichloride of iron be mixed with simple syrup, and then with milk. This mixture will not affect the teeth; nor will the styptic taste be apparent.



COATED TONGUES.—To one not familiar with coated tongues the following will be interesting: Fibers of wood, linen, and cotton; fibers of spiral vessels; fibers of muscle, in one case eight hours after eating; starch grains; cheese mold; portions of potato skin; scales, moths, etc.; hairs from legs of bees; hairs from legs of spiders; pollen of various flowers; stamens of various flowers; hairs of cats, quite common; hairs of mouse; hairs from various leaves; wings of mosquito; fragments of tobacco, chamomile flowers, etc., and a list ten times as long could be made.

[The Microscope records these interesting observations. Frequent cleaning of the tongue and mouth of the sick is very generally neglected. It adds to the patient's comfort, if not to health. Glycerine on a rough towel or a soft brush does the work well.]

SYPHILITIC INOCULATION. — The Paris correspondent of the *Lancet* writes: "At a recent meeting of the Société Médicale des Hôpitaux, Dr. Martineau announced that the monkey he inoculated on November 16th last with syphilitic matter from a patient of his, after having presented the characteristic lesions—hard chancre, followed by the various syphilides (papulo-errosive) became affected ten months after inoculation with ulcerous syphilide of the mucous membrane of the palate, which has healed. This case is interesting in so far as it proves that the evolution of syphilis in this monkey is following the usual course observed in man, and will tend to affect the theories in vogue respecting the natural history and origin of syphilis."

[If this report is correct, and the chances are enormously against its truth, this is the first authentic case of syphilis in any animal but man.]

THE AUTOPSY OF DR. SIMS.—The heart was found to be somewhat enlarged, with adherent pericardium. The valves were competent. The caliber of each coronary artery was markedly narrowed by atheroma, which was partly calcareous. In the muscular tissue, at the upper part of the interventricular septum, there was a patch of fibrous myocarditis as large as a silver quarter of a dollar, with the beginning of an aneurismal pouch. There was a similar fibrous myocarditis in the papillary muscle, which controlled the anterior segment of the mitral valve. Both ventricles were dilated, and the left hypertrophied. The lungs

were slightly congested and edematous. The parietal and visceral layers of the pleura on the left side were every where adherent. The kidneys and liver showed lesions of chronic congestion. Brain normal. Some atheroma of internal carotid arteries.—*The Medical Record*.

THE CONTAGIOUSNESS OF CHOLERA.—A Surgeon-Major in the Indian army writes to us, with regard to Dr. Koch's report on cholera, that he is aware of the details of an instance in which a native swallowed for a consideration, on successive days, some of the matter vomited by a patient suffering from well-marked Asiatic cholera, and, subsequently, a quantity of the rice-water stools just discharged by a patient suffering from Asiatic cholera. In neither cases were any bad results perceptible. The statement is startling in more than one respect, but our correspondent vouches for the fact, which is well known to other medical officers of the army besides himself.—*British Medical Journal*.

THE COLOR LINE.—A special dispatch from Washington, dated November 27th, states: The admission of a colored man as a student in the National College of Pharmacy has created consternation among the students. Twenty-nine signed a protest, but it was ignored by the board on the ground that the school recognized no distinction based on color. Last night the signers of the protest left the school in a body when the colored student entered the lecture-room. They say they will not return if he remains, but the officials think they will be more amenable to reason after their angry passions cool. At any rate, there is no intention of dismissing the colored student.

"HE'S true to God who's true to man wherever wrong is done:

To the humblest or the weakest 'neath the all-beholding sun.

That wrong is also done to us, and they are slaves most base

Whose love of right is for themselves and not for all the race."

ESQUIMAUX UNCHASTITY.—Unchastity is as common among them (the Esquimaux) as among the hottest savage that swelters under the tropic sun, and it is evident that something more than external ice and snow are necessary to cool the desires of the human animal.—*Dr. Rosse*.



# The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

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## ETHICAL ADVERTISING.

We copy from Prof. N. S. Davis's editorial in the Journal of the American Medical Association, November 10th, the following very clear and correct interpretation of the advertising rights of the physician. This is the whole law and the gospel of the matter, and he who hath eyes to see, and brains to understand, can not fail to comprehend it, though he may not approve of it:

There is nothing in the report alluded to (the resolutions concerning specialists reported by a committee and adopted by the Association in 1869, and the report of a committee on the propriety of a revision of the Code of Ethics adopted in 1874) which authorizes the physician to advertise by card or otherwise "that he devotes certain hours of the day to certain specialties." Neither does the Code of Ethics proper make any allusion to specialties or specialists in the sense in which those words are now used, and for the obvious reason that neither had any existence in this country when the Code was framed. It is plain, however, to every intelligent reader that the national Code of Ethics recognizes no privileged or distinct classes in the profession, but that all regularly educated physicians enjoy the same privileges and are under the same obligations to each other and to the community.

In regard to advertising, *all* are prohibited from issuing hand-bills, advertisements, or private cards inviting the attention of those laboring under particular diseases. On the other hand, no one is prohibited from publishing or using a professional

card as freely as he likes, simply announcing himself as a Doctor of Medicine, and giving his residence, office, and office hours. If, through ill health or other cause, he desires to limit his professional business to certain hours in the day, he can specify those hours on his card; or, if he desires to limit his practice to the treatment of any particular diseases, he can say on his card that "*his practice is limited*" to this or that class of diseases; for the reason that these are in the nature of self-imposed restrictions, and not in any sense assumptions of special or superior professional attainments in certain directions. And if it should happen that some part of the community draw the inference that because Dr. A. limits his practice entirely to diseases of women, that he would be the more skillful in that particular direction, this possible advantage is balanced to his neighboring practitioners by his public notice that he attends to no other class of cases. But if a physician puts upon his card or advertisement that *certain hours* are devoted to some special class of diseases, or that he gives *special* attention to certain diseases, or that he is an oculist, gynecologist, etc., he both asserts a superiority over the general practitioner in the special direction indicated on his card, and implies to the public that all well-educated physicians are not prepared to do good work in the same direction; and yet he gives no assurance, either to the public or the profession, that he will not be ready to attend to any other class of diseases as readily as the general practitioner. In other words, he retains all the privileges of a general practitioner while asserting for himself special or superior skill in the treatment of certain classes of diseases.

It is just this unfair assumption of superior attainments in certain departments of professional work, and the privilege of advertising it to the public without relinquishing any of the privileges of the general practitioner, that specialists have been contending for ever since specialism so-called has had a recognized existence.

TRIPLETS THRICE.—A few days since, Dr. Gilbert, Demonstrator of Anatomy in the University of Louisville, delivered a woman of three children. This is the third case of triplets in this city during the year, and a month yet to go on.

CERTAINTY IN MEDICINE.—Dr. Young, the great philosopher and physician, once declared, while on duty in St. George's Hospital, London, "I can write on a sheet of paper all that can be positively proved as



true and useful in medicine." But since then the science of medicine has greatly advanced in exactness and extent, and what was then a truth is now a slander.

THE LOUISVILLE MEDICAL HERALD.—In another column the valedictory of Dr. Reynolds, who retires from the editorship of this journal, will be found. Dr. Reynolds has shown himself an able editor, and has made an enviable reputation for himself and for his journal. Energy, aggressiveness, and boldness have characterized his course, and his retirement from the Herald will be deeply regretted by his many friends. Dr. Reynolds has labored faithfully and earnestly for the advancement of the profession, and has good reason to be proud of his record. May he live long and prosper.

BORN ON A STREET CAR.—A few days since a young woman, a stranger in this city, gave birth to a six months' baby in a street car. The unfortunate girl had come to Louisville for riddance from her untimely burden, and, being inexperienced, took a ride at the wrong time. She was the sole occupant of the car till the baby came. On discovering the added passenger, the driver called in medical aid, and the mother and infant, which soon died, were cared for.

"WHAT a satisfaction a post-mortem is to a conscientious practitioner!" The *Weekly Medical Review* thus comments on a paper published by it. It was a case of malformation of stomach and duodenum, the symptoms being uncontrollable vomiting and convulsions in an infant.

The autopsy revealed two stomachs and two spleens, the greater stomach situated in the right hypochondriac to the right of the right lobe of the liver, the spleen being placed on the cardiac portion.

Great Hippocrates! What a horrible sentiment for a medical journalist to make public!

A rarely interesting case, truly; but the last thing the true doctor wants, or thinks of, is a post-mortem. This is doubly true.

## Bibliography.

**Insanity: its Classification, Diagnosis, and Treatment.** A Manual for Students and Practitioners of Medicine. By E. C. SPITZKA, M.D., Professor of Medical Jurisprudence, and of the Anatomy and Physiology of the Nervous System, at the New York Post-Graduate School of Medicine, etc. Price, \$3.00. New York: Birmingham & Co. 1883.

This work, as its title implies, is intended to serve the needs of the student and practitioner as an introductory text-book to the study of insanity. It may also be used as a hand-book in the diagnosis and treatment of such cases as the physician may be compelled to manage prior to sending his patients to the asylum.

While the author devotes special attention to the definition, classification, and diagnosis of insanity, he does full justice to its medical and psychical treatment, and to the general management of the insane.

The work is arranged in three parts. Part I deals with the general characters and classification of insanity; Part II, with the special forms of insanity; Part III, with insanity in its special relations. A few well-executed wood-cuts are introduced with a view of illustrating some of the pathological conditions of the brain which are described in the text.

The book is written in a clear and forcible style, and while the practical side of the question is kept constantly in the foreground, it abounds in incidents, historical and modern, which admirably illustrate the points made by the author, and contribute largely to the entertainment of the reader.

We trust that the more elaborate work of which the present volume is the prelude will not delay its coming.

**A Complete Hand-book of Treatment.** Arranged as an alphabetical index of diseases to facilitate reference, and containing nearly 1,000 formulæ. By WILLIAM AITKEN, M.D. (Edin.), F.R.S., Professor of Pathology in the Army Medical School; Examiner in Medicine for the Military Services of the Queen, etc. Price, \$2.00. New York: Birmingham & Co. 1882.

This book is composed of the chapters on treatment taken from the seventh edition of Dr. Aitken's encyclopedic work on the science and practice of medicine. These have been carefully revised, and made to embody not only Dr. Aitken's, but the opinions, as well, of the leading authorities



of the day relative to the treatment of each affection named in the work.

The original work is too well known to require comment, and to those who are not fortunate enough to possess it, the Handbook will prove a full substitute so far as the treatment of disease is concerned.

**Miner's Physician's Memorandum Book.** A new weekly visiting list with Clinical Columns and Ledger Sheets. (31 or 62 Patients.) Fifth improved edition. JOEL A. MINER, Publisher, Ann Arbor, Mich.

The arrangement of this list is excellent. It may be used for any number of patients, ranging from one to sixty-two per week, and is made perpetual by the absence of printed dates at the heads of the pages. Blank spaces being provided here, the physician can insert the dates at his convenience.

*Contents.*—Calendar; List of Medicines and Doses; Doses for Children; Drops to a dram; Obstetric Calendar; Metric Tables; Poisons—Symptoms and Treatment (very full); List of Diseases and the best recommended medicines in their treatment; Urinary Analysis and its clinical significance; Hints in Emergencies; Weekly Record Sheets; Ledger Sheets; Obstetric Appointments; Obstetric Record; Death Record; Appointments and Addresses; Cash Account; Monthly Memoranda; Erasable Tablet.

*Prices:* Physician's Memorandum Book, \$1.25. Physician's Memorandum Book sold with the Combined Day Book and Ledger, 75 cents.

**An Encyclopedic Index of Medicine and Surgery.** Edited by EDWARD J. BERMINGHAM, A.M., M.D. New York: Bermingham & Co. 1883.

This work is a quarto of 934 pages. It devotes a short and concise article to every affection at present known to medicine and surgery. Many of these articles were prepared especially for the work by eminent home and foreign physicians and surgeons, the remainder being selected by the editor from the writings of several well-known authors.

The book is conveniently arranged, well winnowed in text, and abreast with the scientific teachings of the day.

As a table-book for ready reference, it must prove of a great service to the practitioner. Price, in sheep, \$6.00; in cloth, \$5.00.

**A PRACTICAL TREATISE ON MATERIA MEDICA AND THERAPEUTICS.** By Roberts Bartholow, M.D., LL.D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, of Philadelphia, etc. Fifth edition, revised and enlarged. New York: D. Appleton & Co. 1884.

**MATERIA MEDICA, FOR MEDICAL STUDENTS.** By John B. Biddle, M.D., late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, of Philadelphia. Ninth edition, revised, rewritten, and enlarged in accordance with the sixth revision of the U. S. Pharmacopeia, by Clement Biddle, M.D., U. S. N. With numerous illustrations. Philadelphia: P. Blakiston, Son & Co. 1883.

**TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND.** Eighty-fifth Annual Session, held at Baltimore, Md., April, 1883. Baltimore: Press of Isaac Friedenwald, 103 W. Fayette Street. 1883.

**THE ANTIPYRETIC TREATMENT OF TYPHOID FEVER.** By G. C. Smythe, A. M., M. D., Professor of Principles and Practice of Medicine, Central College of Physicians and Surgeons, Indianapolis, Ind. (Reprint.)

## Correspondence.

### CONCERTED ACTION BY STATE BOARDS OF HEALTH.

*Editors Louisville Medical News:*

There has been a growing conviction among leading sanitarians intrusted with the official execution of practical health measures, that while the work of the American Public Health Association is of inestimable value in promoting the interests of sanitary science and sanitary reform, there is a constantly increasing need for an annual conference of State and other health officials in regard to practical affairs of their every-day work, some part of which work can not profitably be discussed in a public meeting consisting largely of persons not familiar with its details.

After due consideration, a meeting of representatives of State Boards was held at Detroit during the recent meeting of the American Public Health Association, at which, after discussion, it was decided to call a meeting of the secretaries or other



representatives of all State Boards of Health, in Washington, during May, 1884, for the purposes mentioned, and with the view of organizing a section devoted to State Board work in the present Association, or the formation of a permanent separate organization especially adapted to the needs of State Boards of Health. Drs. Henry B. Baker, of Michigan, and J. N. McCormack, of Kentucky, were appointed a committee to confer with and secure the coöperation of all the State Boards in fulfilling the object of the meeting, and Drs. C. W. Chamberlain, of Connecticut, J. E. Reeves, of West Virginia, and Stephen Smith, of New York, were appointed a committee on organization, to report at the meeting in May. The American Medical Association meets in Washington in May; and another reason for holding the meeting in Washington is, that the representatives of the State Boards may also have an opportunity of conferring with the senators and representatives in Congress from their respective States, in regard to national sanitary legislation. It would seem that whenever the health authorities of all the States shall meet, discuss, and agree upon the course they will pursue with respect to yellow fever, cholera, smallpox, or any disease which endangers public health, without regard to State lines or borders, and whenever all State Boards shall act in concert, considerable progress will be made in solving the problem as to what are the best methods for national action in regard to interstate and maritime quarantine or inspection and disinfection, as well as in the practical control of epidemic diseases within the several States of this country.

### ABBE'S CONDENSER.

*Editors Louisville Medical News:*

The Abbe condenser, or some similar means of illumination, is a useful and, in some investigations, almost necessary accessory for the microscopist.

In the study of the bacteria it is simply a necessity; in fact it can be used with advantage in all kinds of microscopical work. I. Grunow, of New York, makes a first class Abbe condenser, adapting it to any stand, at reasonable prices. As no description of this piece of apparatus is to be found in the works on the microscope, I have thought it might prove of interest to some of your

readers to give Grunow's description of how to work it:

The apparatus consists of a lens system of very wide angular aperture, two revolving diaphragm plates, in conjunction with the plane and concave mirrors on the stand proper. The upper plane side of the lens system should be almost even with the upper surface of the stage, so that it almost comes in contact with the slide. For observation by central light, the diaphragm with central openings is used, viz., a narrower or wider diaphragm, according to the focal distance of the objective in use, the nature of the object slide, and the intensity of the source of light. Generally, the narrowest diaphragm is to be recommended, as it gives sufficient light. Used without a diaphragm, the condenser invariably gives an unsatisfactory illumination.

By moving the diaphragm openings to the right or left, partly out of the optical axis, *oblique illumination* is obtained.

For dark field illumination the star shaped diaphragms are used instead of the aperture for central illumination, and always used in central position. At the same time it is, however, preferable to reduce the aperture of all the high-power objectives, say from one fourth inch up, by placing a diaphragm in the back of the objective employed.

The diaphragm is, however, to be taken out again in every case when the objective is used for transmitted light.

Objects not transparent can not be viewed by this illumination, as the working rays of light have to pass through.

The polariscope can be used in connection with this apparatus.

For this purpose the condenser must have room enough underneath the stage to have an attachment for holding the polarizer.

Polarized light can be used then for central as well as oblique illumination.

In using the condenser, the plane mirror is generally used. Only when viewing with very low powers, when the plane mirror does not completely illuminate the whole field of view, the concave mirror is used.

In every instance where the mirror is once adjusted for full illumination, the changing of the diaphragms does not affect it.

When using lamp-light, it is recommended to use as large a condensing lens as possible, or perhaps a large glass ball filled with water, in order to secure an evenly illuminated field of view without moving the flame too near the microscope.

The condensing lens or the glass ball is placed in such a position between the lamp and the microscope that an image of the flame is projected on the *plane* mirror.

When, in using "immersion" lenses, very oblique illumination is desired, or when dark field illumination under high amplification is used, it is advantageous to place a *drop* of water on the upper surface of the condensing lens of the apparatus, so as to fill up the space between it and the under side of the object-slide with a medium denser than air.

The usefulness of this apparatus has been recognized by all who have become familiar with its use, and it is not only employed as an ordinary accessory, occasionally, but as a constant auxiliary in daily application.

J. B. MARVIN.



## Selections.

ON COLLECTIVE INVESTIGATION OF DISEASE.—From Mr. Jonathan Hutchinson's address, in the British Medical Journal, we extract the following, illustrating his views on the proper method of conducting the important matter under consideration: I would suggest in reference to collective investigation for rare maladies, that our committee should prepare concise descriptions of each, just as an entomologist would of a newly observed moth, printing, if needful, its distinguishing features in italics. A little book might be prepared, containing these descriptions printed on one page, and the opposite left blank for notes. Probably, by a little care and thought, a list of a few hundred rarities might be compiled. I mean rarities in such an extent, that it is very desirable every single case should be put on record. Let me mention just a few:

1. Rhinoscleroma, of which as yet no good English case is on record.
2. Hebra's prurigo, a form of prurigo beginning in infancy and lasting, in spite of treatment, through the whole life; of which also, I am glad to say, no English case has yet been recorded.
3. Morphea.
4. Alibert's keloid, keloid of scars.
5. Addison's disease.
6. Hodgkin's disease.
7. Myxedema of Gale and Ord.
8. Congenital absence of special bones (such as radius and tibia, with associated portions of carpus or tarsus).
9. Cases of spina bifida, illustrating either results of treatment or survival without it.
10. Cases of sacral tumor.
11. Cases of "the Recurring Iritis in Young Persons."
12. Aneurisms in the orbit.
13. The osteitis deformans of Paget.
14. Disease of joints in ataxy ("Charcot's joint-disease").
15. Non-malignant growths in the tongue.
16. Hemiglossitis.

I mention these simply as examples. Respecting each one, it is clearly to be desired that some explanations should be given as to what is meant by the term used. If this were carefully and concisely done, the recognition of each would not, I think, be difficult, even to the inexperienced

One good reason for undertaking the collective investigation of rare diseases (or the collection of rare diseases for investiga-

tion) is, that it is impossible that it should be done in any other way. I may confess myself no believer in *new diseases*. What we consider new are simply what have in the past been overlooked. I do not in the least doubt that there have been in the past just as many instances of osteitis deformans, myxedema, Charcot's joint-disease, etc., as there are now; nor do I believe much in the *restriction of rare diseases to special localities*. If Hebra could find, in the practice of the Vienna hospital, a dozen examples of rhinoscleroma, it was simply that he knew what he was looking for, and had before him an immense field of observation. If we can reproduce these two conditions, our search will be attended by a like success. It can be done only by collective inquiry. We can not, in the pursuit of examples of rare morbid phenomena, do as a geologist would who wished to procure a new fossil. Our zeal may be just as great as his, and quite as well justified, but we can not go from infirmary to hospital, and from dispensary to workhouse, as he would from cliff to cliff, or quarry to quarry, until he finds his treasure. Success to us is possible only by the employment of many searchers well instructed for their work.

REMARKABLY LATE OR INTERRUPTED PSYCHICAL DEVELOPMENT. THE INFLUENCE OF ACUTE DISEASES ON THE CHILD'S MIND.—Prof. Demme prefaces his clinical report with a statement of the normal development of the power of standing, walking, speaking, and thinking. His conclusions are drawn partly from the works of Vierordt, Kussmaul, and Preyer, partially from his own rich experience. He finds that (a) very strongly developed sucklings will balance the head well in the twelfth to fourteenth week; (b) children of medium strength in the fourteenth to sixteenth week; and (c) weak children in the eighteenth to twenty-second week. That (a) can stand, when supported, in the thirty-fifth to thirty-eighth week, and entirely alone in the fortieth to forty-second; (b) not till the forty-fifth or forty-eighth week; and (c) in the first part of the second year. Children who have older brothers and sisters learn to walk much earlier than those who do not—earliest at the end of the ninth month, often between the twelfth and eighteenth month. Children begin to speak at the end of the first or beginning of the second year—boys later than girls—and to relate what they have seen or done only at about the end of the fourth



year. Demme's clinical observations included cases in which a normally advancing development was interrupted suddenly by some acute disease, and afterward advanced again rapidly enough to make up for the lost time, and those in which, under the influence of acute disease, there were abnormalities of development.

1. A boy of good size, born asphyxiated, developed normally till the end of the fifth month. He then began to sleep a great deal, was apathetic, and up to the end of the year there was an absolute stand-still in mental development. Then he became brighter, played, laughed, and cried like a normal child, began to make rapid progress, in the fourteenth month could sit up, in the eighteenth could stand, and in the twenty-seventh could walk well. There had been a pause in the physical growth. He did not speak till the end of the third year, and then only in whispers, but from then on the speech rapidly improved. At the end of the fourth year, there was again a disturbance of speech and a return of the sleepiness; but this passed over in a few months, and from then on the child made good progress.

2. A large boy, of healthy parentage, developed normally till the end of the third month. From then on, he had tremors of the hands, the feet, and, later, of the whole body, with slight opisthotonos and stiffness of the neck. No fever. Mental development at a stand-still; permanent flexure of the upper extremities. In the forty-fifth week the attacks were more seldom, in the forty-seventh they ceased, and then the intelligence seemed again to waken. At the end of five years, he was about as far advanced as an ordinary child of three years. D. states that early in the boy's life the parents had given him a good deal of opium (Venetian Theriak).

3. A strong boy, of healthy parentage, developed normally to the fifth month. His father then discovered that he could not distinguish sweet, bitter, salt, or sour by the taste, and that the strongest and most offensive odors had no effect on him. His sight, nearing, touch, and his physical development were normal. At the end of two years, taste and smell were still entirely wanting. The child had a wonderful appetite, and would devour large quantities of the most offensive things. In the thirtieth month he began a severe scarlatina, which lasted two months. After this, the speech was very slow, monotonous, and finally

completely aphasic. Hearing was very acute. The aphasia lasted three weeks, and it was several months before the child spoke as well as before the fever. It was then found that taste and smell were normal, and the ravenous appetite had disappeared.

4. Case of club-foot—from the fifth to seventh month occasional right-sided convulsions, with loss of consciousness, opisthotonos, etc. After this, the intelligence of the child developed very slowly, but at the age of seven years he was about as far advanced as a child of a year or two younger.—*American Journal of Obstetrics*.

ACTION OF DRUGS ON THE ASSOCIATED MOVEMENTS OF THE EYES.—Högyes along with Kovács and Kertésez, *Archiv f. exper. Path. und Pharm.*, find that the associated movements of the eyes are disturbed by chloroform, ether, morphia, codeia, and picrotoxin. Under chloroform peculiar involuntary movements of the eyes occur, and the normal compensatory movements are enfeebled. This appears to be due to the chloroform first stimulating the associating center for the movements of the eyes, and afterward paralyzing it. The primary stimulation causes peculiar involuntary bilateral movements of the eyes, and during the progress of the paralysis the passive bilateral movements are almost abolished. Recovery occurs from this exhaustion in cases which are not fatal. The action of ether is in the main the same as that of chloroform; chloral has also on the whole a similar gradual paralyzing action, but during narcosis the centers for individual movements of the eyes are not all affected at the same time. There is this difference also between ether and chloroform: that at the commencement of the chloroform action there is vertical nystagmus, and convergent—or divergent—squint. At the commencement of ether narcosis here is a lateral rotation with or without vertical nystagmus. Codeia causes horizontal nystagmus. In suffocation there is vertical bilateral nystagmus, passing into convergent bilateral nystagmus and then exophthalmos; in the last stage there is lateral rotation. The passive bilateral movements of the eye which regularly accompany movements of the head and body in the normal animal are altered by chloroform, ether, chloral hydrate, nicotin, conia, strychnia, picrotoxin, curari, morphia, narcotin, codeia, and atropin. The alterations consist either in weakness or complete arrest of



the oscillations of the eyeball. The oscillations are weakened but do not entirely cease under the action of chloroform, ether, chloral hydrate, and codeia. They are first weakened and afterward completely arrested by nicotin, conia, strychnia, picrotoxin, curari, morphia, narcotin, and atropin. Symptoms of irritation occur at first during the action of chloroform, ether, morphia, and picrotoxin. The action of all these drugs, with the exception of curari, as well as the action of suffocation, depends upon irritation and paralysis in the nerve-centers for the associated movements of the eye.—

*Practitioner.*

**HYSTERIA—CAUTERIZATION OF THE CLITORIS.**—In many cases of obstinate and severe hysteria, the late Prof. Friedreich found that cauterization of the clitoris by nitrate of silver had the most beneficial effects. The cauterization must be severe, slight superficial cauterization aggravates the disease. The pain is at first severe, and during it the patient must remain in bed. Among the cases which he gives as cured with extreme rapidity by this method are: One of paraplegia, of a year and a half; hysterical aphonia, of two years; glossoplegia, of four months; tonic spasm of the spinal accessory, of seven months; and several cases of general severe hysterical convulsions.—*Practitioner.*

**SPINA BIFIDA IN AN ADULT.**—Mr. Whitehead showed to the Manchester Medical Society, October 3d, a woman, aged twenty-seven, whom he had under observation at the Manchester Royal Infirmary, with an unusually large spina bifida situated in the lumbo-sacral region. (*British Medical Journal.*) The tumor measured twelve inches in the perpendicular axis, and ten inches across. The growth was tense, semi-transparent, and when examined by the transmitted light of an oxyhydrogen lamp, did not appear to contain either spinal cord or nerves. From a tentative tapping, the fluid contents were ascertained to be free from sugar, to contain one sixteenth albumen, and to be of 1.025 specific gravity. The integumentary coverings were so attenuated that spontaneous, if not accidental, rupture appeared imminent, and the prospect of immediate death in consequence made the consideration of operative interference a question of the gravest character. The thinness of the walls made it improbable that Morton's solution could be injected without risking the

two dangers especially emphasized by him as contra-indicating its employment, *i.e.*, the subsequent entrance of air, or the escape of cerebro-spinal fluid. A most noteworthy feature of the case was that the tumor had remained about the size of a hen's egg from birth until the patient was married, six years ago, when it immediately commenced to enlarge, and at the same time she began to have severe attacks of headache, attended with most distressing nausea. During these attacks, and also during menstruation, she observed that the tumor always became "flabby."

**AN ACID SOLUTION OF THE HYPOPHOSPHITES.**—George S. Gerhard, M. D., in the *Medical Times*: Mr. Hayes, of the St. George Pharmacy, has very successfully prepared, at my suggestion, a solution of the hypophosphites, without syrup, by dissolving the salts in water acidulated with hypsulphurous acid. The addition of a definite amount of this acid prevents the precipitation of at least two of the salts (iron and manganese), which in the syrups is accomplished by the protective power of the sugar.

The objection to the syrups is their excessive sweetness, and their liability to cause indigestion. The present solution, the formula of which I give, is clear, slightly fluorescent, and pleasantly acid. It is a valuable tonic and stimulant, and is borne by the most sensitive stomach:

Calcii hypophosphit, . . . . .	} āā gr. j ;
Potassii hypophosphit, . . . . .	
Sodii hypophosphit, . . . . .	
Quiniæ hypophosphit, . . . . .	} āā gr. ¼ ;
Manganesii hypophosphit, . . . . .	
Ferri hypophosphit, . . . . .	gr. ¼ ;
Strychniæ hypophosphit, . . . . .	gr. 1-120 ;
Glycerinæ, . . . . .	℥ iij ;
Liq. acidi hypophosphit, . . . . .	℥ ij ;
Aquæ, . . . . .	ad f. 3 j.

**ABSORPTION OF FAT IN THE SMALL INTESTINE.**—M. Zawarykin has recently experimented to determine the question of the digestion and absorption of fatty substances by the small intestine. (*Revue Scientifique.*) He concludes that there are lymphatic cellules of the solitary follicular glands of the intestine, which, traversing the epithelial cells, seize upon the globules of fat, and, passing them into the blood or chyle vessels, return charged with fat, bringing back also the fat from the intestine into the general circulation. These changes may be seen by examining the intestinal villusities



at different periods of digestion. If the examiner causes osmic acid to act on the preparation, he will see that certain lymphatic cells, placed between the epithelial cells of the villus, contain fat. Some of them contain fat only in one part of their protoplasmic substance. Then, in other preparations one may see the fatty lymphatic cells accumulated between the subvillous connective tissue and the villus itself. M. Zawarykin states that the lymphatic cells, by their amoeboid movement, cause the fat to pass into the intestine, thence to be carried into the general circulation. This hypothesis is very seducing, but needs supplementary proof in order to be adopted.

DR. DAVID YOUNG, of Rome, thus concludes an excellent paper on Quinine in the Practitioner. The following are suggested as containing the pith of his writing: (1) Never to give quinine in antipyretic doses in cases where the bowels are confined and the secretion of urine is scanty. (2) In cases where it is being administered and an increase of dose is desirable, this may be safely done if the skin, bowels, and kidneys maintain their normal functional activity. (3) In many cases of remittent and intermittent fevers, the combination of the drug with chloride of ammonium or a salt of potash or soda is likely to be more easily tolerated as well as more useful than if it be administered in a pure form. (4) During the administration of quinine, should a headache come on or increase in intensity, the case requires the most careful attention.

PATHOLOGY OF INFANTILE CHOLERA.—At a recent meeting of the Berlin Medical Society, Dr. Baginsky stated that he had found micrococci in the excreta as well as in the intestinal mucous membrane of children dying from infantile cholera. Peyer's glands were filled with bacilli from organisms, which were frequently found to have migrated into the submucous tissue, while the stools, as well as the lower end of the ileum and the rectum contained zooglea-masses so closely packed that Dr. Baginsky had not been able to ascertain the form of the organism comprising them, nor to decide whether they had any pathological importance.—*British Medical Journal*.

MUNDÉ ON THE COMMUNICABILITY OF CANCER.—While the *first authenticated, unquestionable* case of inoculation of the penis with cancer cells from a cancerous cervix seems

as yet unpublished, and while it is still doubtful whether such inoculation actually takes place, still the *possibility* of such an occurrence can not be denied, and I trust this communication may induce gentlemen who have met with cases in point to place them on record. Certainly the subject is of sufficient interest and importance, clinically and pathologically, to merit further investigation, and, if possible, ultimate positive elucidation.—*N. Y. Med. Journal*.

RAPID DECAY OF THE TEETH OF YOUNG MOTHERS.—Mr. C. F. Naismith, L.R.C.P., writes to the Lancet: It is quite common for young mothers to complain of the rapid decay of their teeth. This is no doubt caused by the abstraction of lime from the mother's blood to form the bones of the fetus. Hence the craving for chalk and kindred substances. How would it do to prescribe phosphate and carbonate of lime regularly for pregnant females to make up the deficiency.

PAINLESS TREATMENT OF CONDYLOMATA. Dr. Nussbaum recommends the treatment of small condylomatous patches on the penis by daily washings with salt solution followed by the sprinkling over them of calomel powder. Solution of corrosive sublimate in collodion, which acts more quickly, gives rise to much pain, and requires rest in bed. The proposed method is not new, but has fallen into unmerited disuse.—*Practitioner*.

FETID FEET.—M. Vieusse, principal medical officer at the Military Hospital at Oran, states that excessive sweating of the feet, under whatever form it appears (whether as mere supersecretion accompanied by severe pain, or with fetidity), can be quickly cured by carefully conducted frictions with the subnitrate of bismuth; and even in the few cases where this suppresses the abundant sweating only temporarily, it still removes the severe pain and the fetidity which often accompany the secretion. He has never found any ill consequences follow the suppression of the sweating.—*Practitioner*.

A CASE WITH AN EXTREMELY SLOW PULSE. An emaciated patient, aged fifty-three, complains of periodical vertigo and headache. At apex of heart, two prolonged murmurs. The pulsations of the heart are nineteen or twenty to the minute, and irregular.—*Dr. J. Pollak, Warschan, Med. Zeitung*.



**TRAUMATISM AND TUBERCULOSIS.**—In a recent communication read before the Soc. de Chirurgie, M. Verneuil produced a record of a number of cases where traumatic lesion or surgical operation induced the development of tuberculosis or aggravated the malady when already present. (The Medical Press.) He considers that the general perturbation induced in the system by a traumatism awakens a predisposition to the disease which up to that time had remained hidden. In this way, in certain cases, it would seem that the traumatic lesion was the great factor in the production of the disease. This view of the subject was contested by M. Trelat, who admits that an operation of any gravity is not of course justifiable in any case of tuberculosis where the viscera are affected, but in cases where the disease was entirely external, or where the operation was a minor one, even with the internal organs affected, surgical interference could be resorted to without danger.

**A NEW TREATMENT FOR SLEEPLESSNESS.**—J. Mortimer Granville, in the British Medical Journal: Now that "nerve-vibration" is beginning to be recognized as a therapeutic agent, and my percuteurs are in the hands of many practitioners, who are using them with a reasonably fair measure of success, will you allow me to ask a trial for a very simple method of treating sleeplessness? It is this: The patient lying on the right side—as all persons who experience difficulty in sleeping should lie, (1) in order that the abdominal viscera may fall away from the left side of the diaphragm, leaving the heart free from upward pressure, and (2) in order that any food which may chance to remain in the stomach may pass by gravitation through the pylorus—the percuteur, with a medium-sized disk, is passed, over the night-dress, slowly and lightly up and down the ridge of spinous processes from the seventh cervical to the lower dorsal, the percussion-rod giving about eighty or ninety blows per second. If this does not induce sleep in from five to ten minutes, the disk is applied over the left zygoma, near the traverse root, propagating fine and gentle vibrations across the base of the cranium. That rarely fails. I do not, of course, assert that this treatment will succeed in all cases; but it is worth trying in preference to the recourse to bromide of potassium, or chloral, or when these drugs prove useless, and is so easily managed that a nurse may

be trusted to administer it. The percussion ought to be reasonably slight, and it should cease as soon as drowsiness is induced. I shall be glad to have the opinion of the profession on this method, when it has been more extensively tried.

**FOR CRAMPS.**—British Med. Jour.: Ext. of hyoscyamus 3 grains, camphor 2 grains, bromide of morphia  $\frac{1}{12}$  grain, in a pill at bedtime.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from November 17, 1883, to November 24, 1883.

*Moore, John*, Lieut. Col., relieved from duty as Medical Director Department of the Columbia. (G.O. 29, Department of the Columbia, November 8, 1883.) *Bache, Dallas*, Major and Surgeon, assigned to duty at Fort Adams, R. I. (Par. 5, S.O. 215, Department of the East, November 19, 1883.) *Brooke, James*, Major and Surgeon, relieved from duty at Angel Island, Cal., and assigned to duty as Post Surgeon, Presidio of San Francisco, Cal. (Par. 1, S.O. 162, Department of Cal., November 14, 1883.) *Horton, Samuel M.*, Major and Surgeon, leave of absence granted October 20, 1883, extended three months. (Par. 7, S.O. 266, A.G.O. November, 20, 1883.) *Town, F. L.*, Major and Surgeon, until further orders, to perform the duties of Medical Director Department of the Columbia. (G.O. 29, Department of the Columbia, November 8, 1883.) *Williams, John W.*, Major and Surgeon, granted leave of absence for one month, on surgeon's certificate of disability, with permission to leave the limits of the Department. (Par. 5, S.O. 157, Department of the Columbia, November 12, 1883.) *Appel, D. M.*, Captain and Assistant Surgeon, granted two months leave of absence. (S.O. 68, Division of the Atlantic, November 16, 1883.) *Munn, Curtis E.*, Captain and Assistant Surgeon, assigned to duty at Fort Warren, Mass. (Par. 4, S.O. 216, Department of the East, November 20, 1883.) *Winne, Charles K.*, Captain and Assistant Surgeon, relieved from duty at Fort Winfield Scott, Cal., and assigned to duty as Post Surgeon, Angel Island, Cal. (Par. 1, S.O. 162, Department of Cal., November 14, 1883.) *Appel, A. H.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Warren, Mass., and assigned to duty at Madison Barracks, N. Y. (Par. 4, S.O. 217, Department of the East, November 21, 1883.) *Cochran, J. J.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Bayard, N. M. (Par. 5, S.O. 236, Department of the Missouri, November 15, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Adams, R. I. (Par. 3, S.O. 216, Department of the East, November 20, 1883.) *Wilson, George F.*, First Lieutenant and Assistant Surgeon, to report in person to Lieutenant Schwatka, 3d Cavalry, Aid-de-Camp, for temporary duty in connection with the completion of report of recent expedition to Alaska. (Par. 3, S.O. 156, Department of the Columbia, November 9, 1883.)



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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SATURDAY, DECEMBER 8, 1883.

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## Original.

### MEDICAL "BIGOTRY."

BY SYMINGTON BROWN, M. D.

Even a superficial glance at the present dispute between certain classes of physicians, and at the comments made on it by those outside the profession, leads to the conclusion that the misunderstanding of the case depends in great measure upon the leaning toward compromise, which is a sad characteristic of the American people. We are in the habit of sitting on the fence, saying, "Good Lord!" "Good Devil!" as the wind blows for us or against us. One might even take a step farther and assert that the number of persons is not small who seem to have lost the sharp distinction between right and wrong, and, as they sip their champagne or ice-cream, lazily guess that right and wrong are only priestly inventions. Their creed, if you can call it a creed, is a very short one, and is comprised in the formula, "Grab all you can, and the devil take the hindmost."

This recent sentimental howling about medical "bigotry" is based on the fact that the regulars will not lower their standard of right and wrong to please a few esthetic specialists who believe in making money by compromise. A real physician tests all his actions by one standard—the welfare of the patient; and the ultimate question for him to answer in every emergency is, "will this act of mine benefit my patient?" In other words, "will it increase his chances of recovery?" No regular physician objects to receiving useful advice from any quarter. The silliest old woman in petticoats may drop a hint in season which it would be criminal for the most learned physician to neglect. If homeopathy contained any thing useful we would accept it

with due acknowledgments. The only reason we do not do so is its utter barrenness. A system founded on fraud, like other forms of quackery, opposed to reason, subsisting on prejudices, and pretending to possess secret remedies, is not likely to be very fruitful. Nor, in fact, do we find it to be so. Nearly all the discoveries in anatomy, physiology, surgery, chemistry, and materia medica have come from the regular profession.

When, in addition to the usual obscurity attached to every thing medical, there is added a misconception of terms, one can not expect very clear ideas about what constitutes medical bigotry. Worcester and Webster both define it as "unreasonable prejudice." Because members of the Massachusetts Medical Society refuse to consult with homeopaths and other irregular practitioners, we are said to be bigoted. I hold that such refusal is eminently reasonable, and that it can not justly be called a prejudice. The decision we have arrived at is founded on facts—an intimate previous knowledge concerning quackery, with all forms of which we decline to affiliate. A physician who consults with a quack, to that extent indorses him as competent, and becomes responsible for the evil which must flow from such indorsement. This may appear plainer if we take an illustration from some familiar occupation, say that of a pilot. It is strictly within the bounds of probability to suppose that an unscrupulous man might claim to be a pilot who was entirely ignorant of the coast—who was not competent to perform a pilot's duties. Now, would it be bigotry for a real pilot to refuse to sail in the same pilot-boat with such an impostor, or in any way to encourage him to pass himself off as a pilot? Surely not. The regular profession are precisely in that position. I assert that the majority of homeopaths, cancer doctors,



faith curers, mesmerists, *et cetera*, are incompetent to practice medicine; that they are grossly ignorant of even the rudiments of medical science, having made no effort to acquire the necessary knowledge; that their chief object is the getting of money under false pretenses; and that to associate on a friendly footing with these pretenders would make us *particeps criminis* in defrauding the public.

It will not require a lengthy argument to prove that a physician is not bigoted who refuses to consult with common quacks. Take a case in point: In a Massachusetts village, not long ago, a journeyman shoemaker concluded to set up as a doctor. He got a tin sign painted with that title prefixed to his name, and this constituted the sum total of his qualifications. He never attended a single medical lecture, never was inside a hospital as a student, never studied with any competent physician. His meager stock of knowledge was wholly derived from an old book on domestic medicine. He practiced for a year or more, during which time at least three deaths resulted in patients under his care from *unmistakable* malpractice. The laws of Massachusetts allowed this man to practice medicine without any preliminary education. These same laws prevent unqualified men from practicing law. But they allow any man or woman to put up a prescription or write one who claims to be a druggist or a physician. It will scarcely be believed, but it is true, that certain citizens found fault with the regular physicians in that town because they would not consult with this pretender. Such is a fair sample of the "bigotry" the newspaper and comicpress writers accuse us of, as far as the common quack is concerned.

It may simplify matters if we confine our attention, in this article, to the claims of the homeopathic variety to medical recognition. They have colleges of their own, some of their graduates adding A.M. to their names besides M.D. It is principally in America that this variety flourishes, and the remarks which follow have a reference to this country. Homeopaths may be divided into three classes:

1. The *genuine* homeopathist who follows Hahnemann implicitly, believes in the three dogmas, and regulates his practice by them.

2. The practitioner who only uses the name as ground-bait, who gives sugar pellets as placebos, and administers ordinary medicines *sub rosa*.

3. The individual who professes to practice *both* ways.

The second and third classes comprise about ninety-nine out of every hundred homeopathic "physicians;" and we might fairly leave out of our calculation the small fraction left. But I want to deal fully as well as fairly with this charge of "bigotry," which, though often made by those who know very well it is false, is sometimes brought forward by honest opponents, who deserve courteous treatment.

The genuine homeopathist is necessarily an enthusiast; not a bad thing in itself, but, like all other good things, capable of abuse. It needs a pretty large stock of enthusiasm to believe that a spoonful of water containing medicine at the tenth dilution can produce a curative effect. When it would take a body of water six times the bulk of that contained in the Mediterranean Sea to so dissolve a single grain of quinine, one would require a considerable amount of faith to believe in the efficacy of a teaspoonful thus diluted. But we do not find fault with even this stretch of faith. Thought is free; and it is to the honor of the regular profession that it makes no effort to trammel it. What we do find fault with is the accusation of "bigotry" because we decline to consult with such an enthusiast. Supposing we did, one of the consultants must necessarily give way. I do not think it would be the regular physician. He does not believe in infinitesimal dilutions as applied to medicine any more than as applied to food; and his duty to the patient, whose welfare is the first thing to be consulted, would compel him to insist on a real dose of medicine, if he gave any at all. The two systems are antagonistic. If homeopathy be true our position must be false. To derive any benefit from a consultation one of the parties must be converted or perverted. But our accusers do not admit that such conversion is necessary; and it remains for them to show in what way a patient could be benefited through a consultation by two men holding diametrically opposite opinions. We recognize, in the fullest sense of the word, the right of a sick woman to employ whomever she chooses, or even to die "without the benefit of [medical] clergy," just as we admit her right to throw a ten dollar bill in the fire. People are all the time doing foolish things without legal restraint, and nobody calls in question their right to do so. The liberty of the average citizen would be marvelously curtailed if



this right were taken away. But when newspaper writers arraign respectable physicians as "bigots" because they will not assist such people to make fools of themselves, quite another question comes up for decision.

The second class—those who profess to be homeopaths, while they use ordinary medicines on the sly, constitute the great bulk of the rank and file. It seems scarcely necessary to say, that a man who habitually practices deception is not one that an honest practitioner should consult with. Such a man places himself outside the pale of professional courtesy. *Publicly* he pretends to practice a system claimed to be infinitely superior to the time-honored method. He exhausts the vocabulary of terms of reproach in denouncing what he calls "old school" practice. And yet we find that he *privately* depends to the extent of his knowledge on the methods and remedies of the same "old school."

Besides, the practice is unsafe. It is well known that the small sugar globules (about twelve weighing one grain), supposed to be potentized by pharmacists of that persuasion, may be safely swallowed by the hundred; and children do so with impunity every day. But supposing a second-class practitioner should leave a small vial full of morphia pellets, instead of the harmless sugar ones, and a child should swallow them, what then? It is a notorious fact that men styling themselves homeopaths often give much larger doses of powerful medicine than are usually prescribed by regulars. A druggist in a neighboring village informs me that he sells more morphia to the homeopathic doctor than to all the three regular physicians.

It is not "bigotry" for an honest practitioner to refuse to consult with one who sails under false colors.

As for the third-class—who profess to practice both ways—short shrift will suffice: They belong to the school of compromisers already referred to, who seem to have lost all sense of the difference between right and wrong. They begin by losing faith in the omnipotence of truth, and end by losing faith in themselves. Not a very desirable character for a decent man to associate with; nor a very safe one. And it would be difficult to demonstrate in what way a consultation with such a person could benefit the patient. "Unstable as water, thou shalt not excel."

Genuine homeopaths do not ask to consult with regulars. Their position, though

illogical, is not incompatible with respect; but the facing-both-ways gentry were born to inspire contempt. Homeopathy is essentially a superstition; that is, it is not based on reason but on belief. Its adherents "use reason against the use of reason, and show, from very good reason, that reason is good for nothing." Prove to them that millions of such doses as theirs are breathed every time we enter a drug store, without perceptible effect, and they believe in the virtue of high potencies all the more. They are like the poor Frenchwoman whom a zealous colporteur tried to persuade that transubstantiation was impossible. "I believe it all the more," said she, "*because* it is impossible."

A certain proportion of the motley crew which make up the second and third classes have been educated at our schools, and, for a brief period, have attempted to practice as regular physicians. At least many of them say so. The medical profession is crowded. A young man puts up his sign, and gets little or nothing to do. He finds out that a certain class of medical bigots in the village will be likely to employ him if he turns homeopathist, and, *without regard to principle*, he does so. This is the plain, unvarnished story of most "conversions" to the "new school." It pays better. There is less competition, and an incompetent man stands a better chance of getting employment. A few prominent practitioners, while they cling to the sectarian name as a good charm to juggle with, openly give up the ship. Dr. Wild, Vice-President of the British Homeopathic Society, says that "palpable doses of medicine are generally more efficacious in the treatment of disease than infinitesimal ones." Also, that "some diseases are best treated by similars and some by contraries." Very true; but in what sense can such a man claim to be a homeopathist? It seems doubtful if he even believes in the itch theory, which Hahnemann tell us he devoted twelve years of his life to establish.

All the criticisms I have seen—from Dr. Hunt's downward—proceed on the assumption that the practice of medicine is a trade. The New York Times says: "The doctors who take this view would appear to be cruel bigots if they did not present so much more prominently the aspect of simple geese. This is not the spirit of a learned profession; it is the spirit of an ignorant trades-union, bent upon punishing 'rats.'" Any candid mind will admit that there are vital



differences between a profession and a trade. The spirit of trade is essentially selfish; but no man can properly practice medicine without self-denial as his chief corner-stone. The old Code of Ethics requires the publication of all discoveries, new remedies, and surgical inventions. They are common property. What trade does that? And is there any body of men in existence who do so much gratuitous work for the poor as physicians? In one sense the practice of medicine is a business: doctors must earn a living. But the man who makes that his *chief* object deserts the ranks. He becomes a trader, not a doctor. The reason we refuse to consult with quacks is not because they hurt our pecuniary interests (for nobody creates so much work for us as quacks), but because such recognition would not be for the patient's welfare. I admit that there are some men in the Massachusetts Medical Society, who look upon our profession as a business in which to make money; but they are not representative men, and I fain would hope that they are few in number. The true physician firmly believes that "it is more blessed to give than to receive," and is always *more* anxious to cure his patient than to pocket his fee.

STONEHAM, MASS., Nov., 1883.

### Miscellany.

#### "OLD SHOES.

"How much a man is like old shoes!  
For instance: both a soul may lose;  
Both have been tanned; both are made tight  
By cobblers; both get left and right;  
Both need a mate to be complete,  
And both are made to go on feet,  
They both need heeling, oft are sold,  
And both in time all turn to mold.  
With shoes the last is first; with men  
The first shall be the last; and when  
The shoes wear out they're mended new:  
When men wear out they're men-dead, too.  
They both are trod upon, and both  
Will tread on others, nothing loath.  
Both have their ties, and both incline  
When polished in the world to shine:  
And both peg out—and would you choose  
To be a man or be his shoes?"

THE BRAIN OF TURGENIEFF.—The brain of the great Russian novelist is said to have weighed 2012 grams. The average weight of the human brain is 1390 grams. Turgeneff's is said to be the heaviest which has yet been weighed.—*Med. Times and Gazette.*

THE YORK MEDICAL SOCIETY.—The following song was sung at the annual dinner of the York Medical Society, October 17th:

Mr. President and Gentlemen This festive opportunity  
Occurs for any vocalist to warble with impunity.  
So, with your kind permission, [for the sake of  
some variety,  
We'll attempt a little ditty, called "The Medical  
Society."

When a long night's vigil terminates in some such  
curiosity  
As a babe anencephalic, or some similar monstrosity;  
When Cheyne-Stokes's respiration supervenes on  
paronychia,  
And we feel the situation growing every moment  
dickier;  
When we venture at one sitting to crush up a massive  
calculus,  
Or find in typhoid fever some unheard-of vegetaculus,  
We consider that these cases may with evident  
propriety  
Form communications minor to the Medical Society.

When, in spite of antiseptics, we are beaten by  
bacteria;  
When metallo-therapeutics get the better of hys-  
teria;  
When we fail to find the serum after tapping pleu-  
rodynia,  
Or ten minims of gelseminum prove fatal to La-  
vinia;  
When we score off Dr. X., Dr. Z., and Mr. W.,  
On some diagnostic detail with which I need not  
trouble you;  
Why, these and other matters furnish even to sa-  
tiety  
Our topics for discussion at the Medical Society.

We are practical, and fanciful, and general, and  
clinical;  
In short, we feel we occupy a most exalted pinna-  
cle;  
By turns we are obstetrical, and medical, and sur-  
gical,  
Ophthalmic, psychological, and almost thaumatur-  
gical.  
And yet we can unbend ourselves, and dally with  
the trivial,  
And, as you may perceive, we can even be con-  
vivial.  
And although we can't be peers, it is not at all  
chimerical  
To claim a sort of clanship with the legal and the  
clerical;  
"Though we don't want to fight, yet by Jingo!" if  
you threaten us  
We don't mind the risk of erysipelas or tetanus.  
So I think you'll admit, in all calmness and sobri-  
ety,  
What a splendid set of fellows is the Medical  
Society.

THE SALICIFICATION OF FOOD.—The interdiction of salicification of food was made law in France, in February, 1881, but the



perseverance of the promoters of this practice is indomitable. (The Dublin Medical Press.) Although commercial interests are important, still all will admit that health should be the first consideration; because, by the aid of improved chemical arrangements, the quantity of salicylic acid used in making jams is reduced, yet the fact remains that this substance eliminated by the kidney and liver is injurious to persons whose renal and hepatic secretions are insufficient.

In perfectly healthy persons also salicylic acid enters into intimate combination with the tissues, and accumulates to a dangerous extent in the organs of those who use it constantly. As Mr. Brouardel says, in this report to the French Government, "Though we are aware of numerous cases in which healthy young people have borne without apparent inconvenience a daily dose of four to six grams for many months continuously, we must not forget the old people, albuminuric patients, and persons tainted with hepatic or renal disease, whose lives may be seriously endangered by regimen into which a daily dose of salicylate of soda enters." The Commission of Inquiry on the subject has reported in favor of a prohibition of the use of salicylic acid and its combinations in the preparation of foods.

**CULTURE AND NATURE.**—Mr. Spence Bate, F.R.S., in a recent address called attention to an inverse ratio which he believed to exist between the development of the cranium and that of the teeth. The teeth of the Esquimaux, Red Indians, natives of Ashantee, as well as some specimens from primeval man, were shown to be more perfect than most of those from modern Europe, the latter presenting so-called interglobular spaces which are wanting in less civilized races and in the rare instances of perfect teeth found among highly developed peoples. Not only the dentine, but also the enamel, is said to be deteriorating. In gross appearance, too, as well as histologically, the teeth are changing. Mr. Bate believes that the tendency for the cranium to develop at the expense of the face and lower jaw is marked as we ascend the scale of the vertebrates. As the jaw atrophies, there is less space for the growth and play of the teeth. It is certainly an apparent fact that in vertebrate evolution the tendency is to the disappearance of teeth. The lower vertebrates are said to have four molars on each side in each jaw, the higher three, while man has but two.

The London Spectator, commenting on these facts, says: The facts being granted, the question arises whether these symptoms will end in a decay of the race, or in an extinction of each cultivated class as it springs up, the learned perishing while the barbarians below them flourish. The latter is the more probable, for nature seems opposed to the steady transmission of high brain power. Genius does not breed; and families over cultivated for their physique have long been known to tend either to sterility, to insanity, or to decrepitude. It may be found yet that the hopes of Comte are exactly opposed to the conclusions of science, and that a race, after developing its force, as, for instance, the Chinese did, can only be saved by becoming strictly non-progressive. Humanity may continue only on condition of its healthy barbarians always rising to the top. The professor may rule the costermonger, but the costermonger's progeny will always survive the professor's.

**THE DOCTOR'S HOLIDAY.**—In the introductory addresses delivered at the opening of the metropolitan and provincial medical schools, several allusions were made to the subject of overwork in the medical profession. (British Medical Journal.) No one can deny the truth of Mr. Tweedy's assertion, that working too much is almost as bad as working too little, and perhaps, of the two, more grievous damage is done by excessive labor. Hurry and worry impair the faculties required for diagnosis and for forethought in the treatment of the sick; and Dr. Clifford Albutt eloquently declaimed against that cultivation of feelings of anxiety for difficult cases, which a false conscientiousness compels many practitioners to consider as one of the first principles of professional morality. When the overworked doctor desires to take a part in the scientific departments of medicine, his mental faculties are hardly in a condition to pursue scientific methods of research, nor even to prepare a paper for a learned society. Under these conditions, such a communication will infallibly show signs of hasty construction, partly due to the author's fear of interruption during its composition, but more readily traceable to that inherent tendency to hurry over matters, which is in the nature of an overwrought intellect. An effect of overwork is invariable deterioration of a man's social qualities, often indicated by peevishness, absence of mind, and a tendency to avoid society.



GRAVITATION.—Professor C. A. Young, in a recent astronomical lecture, remarks: Do not understand me at all as saying there is no mystery about the planets' motion. There is just one single mystery—gravitation: and it is a very profound one. How it is that an atom of matter can attract another atom, no matter how great the disturbance, no matter what intervening substance there may be; how it will act upon it, or at least behave as if it acted upon it—I do not know, I can not tell. Whether they are pushed together by means of an intervening ether, or what is the action, I can not understand. It stands with me along with the fact, that, when I will my arm to rise, it rises. It is inscrutable. All the explanations that have been given of it seem to me merely to darken counsel with words and no understanding. They do not remove the difficulty at all. If I were to say what I really believe, it would be that the motion of the spheres of the material universe stand in some such relation to Him in whom all things exist, the ever-present and omnipotent God, as the motions of my body do to my will: I do not know how, and never expect to know.—*Popular Science News*.

QUITE UNINTENTIONAL.—Our contemporary, the Students' Journal, of Saturday last vouches for the truth of the following incident, which occurred at Guy's Hospital a few days ago: Scene: The Lecture Theater. Lecturer on Surgery (to class): "And now can any of you gentlemen give an example of another kind of fistula, which from its position and difficulty in keeping it at rest on account of muscular contractions, is so difficult to heal?" Lengthy pause; intelligent student in corner, "Fistula in ano, Sir." "He has it, gentlemen," said the lecturer, looking proudly round, and he did not notice what he had said till the yells and laughter nearly deafened him, when he explained that it was the idea, and not the fistula, which his promising pupil had got. *Medical Press*.

OPAQUE GLASS FOR COFFINS.—Dr. A. Mayer proposes a new mode of burial. For wooden coffins he would substitute glass ones; the glass thick and opaque, and hermetically closed with a silicated mastic as inalterable as the glass. So inclosed, bodies would give out neither gases nor liquids and would have no injurious effect on the public health. The body, moreover, might

be preserved indefinitely from decomposition, by substitution of an anti-putrid gaseous atmosphere, under suitable pressure, for the air contained in the coffin. For this purpose, two tubulures would be added—one for entrance of the gas, the other for exit of the air. If carbonic acid were used, the difference of density of that gas and air would render the operation very easy. This mode of preservation, it is claimed, would present all the advantages of embalming, without mutilation or great expense. Glass coffins would allow of deferring burial, as is sometimes desirable. In the case of death during voyage, the body need not be consigned to the sea, but could be kept till arrival.—*Popular Science News*.

SIR HUMPHREY DAVY.—Sir Humphrey Davy was born in poverty, and had in early life but little in his surroundings to lead him to expect that he would rise superior to his humble condition in life. He was an ungainly boy, but little inclined to study, more fond of shooting snipe in the marshes around Penzance, or catching trout from the brooks, than of giving attention to books. This is the boy that ultimately became the first chemist of the age, the friend and companion of kings and princes, the associate of the great and learned of every land and clime.

Davy said, "I consider it fortunate that I was left much to myself when a child, and put upon no particular plan of study. I perhaps owe to this circumstance the little talents that I have, and their peculiar application. What I am, I have made myself. I say this without vanity, and in pure simplicity of heart." He left school when he was fifteen years of age, and never again came under a teacher, except some instructions received from a Frenchman in the acquisition of the French language.

FRUITS AND VEGETABLES.—Curious quibbles are continually arising as to what are fruits and what are vegetables. Really, however, the whole thing lies in a nutshell. A fruit (no matter how used) is the result of floral or sexual growth, while true vegetables (that is, excluding fruits which are used as vegetables) consist of vegetative growth only, thus, of leaves, as in spinach; of the blanched stems, as in asparagus; of leaf-stalks, as in rhubarb or sea-kale; of tubers, as in potatoes and artichokes; of bulbs, as in onions; of involucre bracts, as in globe artichokes, and so *ad infinitum*.



**SPECIALISTS.**—Mr. John S. McArdle, Surgeon to St. Vincent's Hospital, Dublin, says in the Medical Press: Students should avoid as much as possible pretending to become specialists, since without a thorough knowledge of the entire complex apparatus of the human system, each part of which influences and is influenced by the whole, we are as likely to derange as to repair a faulty part. What, for instance, is the use in our efforts to restore sight when the cause of blindness is in the brain, if we know not the diagnosis of disease of that organ. Again, what would be the result of our efforts to relieve a congested liver or edematous extremities depending, for instance, on heart disease, if we knew not the diagnosis and treatment of cardiac affections. Beware, too, of looking upon yourselves as specially gifted, or you will claim emancipation from the means of acquiring knowledge prescribed for minds of moderate caliber, and, launching forth on your own way, you will become entangled in a labyrinth of error, from the windings of which you will endeavor to extirpate yourselves in vain when time, that merciless destroyer of pet theories, has taught you that the patient observer, he who goes from the study to the bedside, and thence to his study again, is the one to which disease will yield if yield it must.

**OBSERVATIONS ON THE DAILY RANGE OF TEMPERATURE.**—Dr. Carter lately read a paper to the Liverpool Medical Institution, based on two series of observations made on the night-sisters and night nurses of the Royal Southern Hospital during a week in 1879 and 1882 respectively. These were primarily undertaken for the purpose of discovering whether inversion of the habits disturbed the periodic nightly depression and daily elevation of temperature said to characterize ordinarily healthy people. *Dr. Carter's conclusions were that there was such oscillation; that it was not altered by change of habit; that a daily range, amounting in a few instances to 3° Fahr., occurred; that an axillary temperature of 96° at some period of the night was quite common, and consistent with good health; and that the great diurnal wave was but slightly affected by food.*

**TYNDALL ON EVOLUTION.**—If asked whether science has solved, or is in our day likely to solve, the problem of the universe, I must shake my head in doubt. Behind, above, and around us, the real mystery of the

universe lies unsolved, and, as far as we are concerned, is incapable of solution. The problem of the connection of the body and the soul is as insoluble in its modern form as it was in the pre-scientific ages. There ought to be a clear distinction made between science in the state of hypothesis and science in the state of fact, and, inasmuch as it is still in its hypothetical stage, the *ban of exclusion ought to fall upon the theory of evolution.*—*The Popular Science News.*

**THE ADULTERATION OF FOOD IN FRANCE.** The Director of the Paris Municipal Laboratory, M. Girard, under whose auspices much good and useful work is being performed in the way of exposing the multifarious forms of food-adulteration, reports that the skill and ingenuity displayed by fraudulent inventors would suffice to make their fortunes a dozen times over in any honest capacity. (British Medical Journal.) The chemical knowledge applied to the concoction of spurious foods and drinks is of a very high order, the latest thing being the manufacture of *gooseberry jelly* entirely from seaweed, there *not being a particle of gooseberry in it.* It is colored with fuchsine or some similar material, and the flavor is given by a compound of five parts of acetic ether, four parts of tartaric acid, and one each of aldehyde and enanthic acid. M. Girard gives also the composition of nine other chemical compounds for imitating the flavors of strawberry, pine-apple, melon, apple, pear, cherry, peach, apricot, and plum. Unfortunately, too, in the coarser and commoner forms of adulteration, quite as much activity is displayed. Flour is exposed to damp, so as to make it weigh heavier, the result being that the gluten is altered and rendered less fit for bread-making, and more liable to mold. Mineral products are often mixed with flour, such as lead, copper, zinc, sulphate of lime, and chalk. Of *thirty-one specimens of flour* examined at the laboratory, *only thirteen* were found to be pure, a sample which came from Rotterdam containing as much as thirty per cent of plaster, while another held thirty per cent of sulphate of barium.

**BOWEL-OBSTRUCTION.**—Mr. Jonathan Hutchinson says: "When a child becomes suddenly the subject of symptoms of bowel-obstruction, it is probably either intussusception or peritonitis. When an elderly person is the patient, the diagnosis will gen-



erally rest between impaction of intestinal contents and malignant disease. In middle life, the causes of obstruction may be various; but intussusception and malignant disease are now very unusual. If repeated attacks of dangerous obstruction have occurred with long intervals of perfect health, it may be suspected that the patient is the subject of a chronic diverticulum, or has bands of adhesion, or that some part of the intestine is pouched, and liable to twist. If, in the early part of a case, the abdomen become distended and hard, it is almost certain that there is peritonitis. If the intestines continue to roll about visibly, it is almost certain that there is no peritonitis. This symptom occurs chiefly in emaciated subjects, with obstruction in the colon of long duration. The tendency to vomit will usually be relative to three conditions, and proportionate to them. These are, (1) the nearness of the impediment to the stomach; (2) the tightness of the constriction; and (3) the persistence, or otherwise, with which food and medicine have been given by the mouth."

**DISEASE-GERMS.**—The notion that disease-germs are modifiable, and owe their dangerousness less to their inherent specific characters than to the conditions which favor their development, as it filters down into the average scientific intelligence, will, probably, have very far-reaching practical effects. (*Med. Times and Gazette.*) If noxious germs always retain their specific characters, if there is no such thing as evolution of them out of, or devolution of them into, innocence, then the practical way of dealing with them is to shut the door upon them and keep them out at all hazards. But if they are modifiable, then our effort should be to prepare for them conditions under which the more dangerous forms can neither originate nor thrive. You have a stinking water-closet in your house, suppose. Well, you can deal with it in two ways. You can drown its odors with carbolic acid, put a double door to it, and keep its effluvia out of your house; or you can have it taken down, and one put up that won't smell. The one treatment represents the action of those who, in the case of diseases caused hypothetically by germs, attack the exciting cause—the germ; the other represents the action of those who fix their attention on the predisposing conditions. If dental caries, say, is due to bacteria, you may attack it either by antiseptic washes and pow-

ders, or, recognizing the futility of that method, you may look out for a means of so strengthening the tooth-tissue, that it may, as in our ancestors, bid defiance to the blood-thirstiest germ. Here it is clear enough which is the more rational procedure; and what is the more rational in one case may quite likely be the more rational in all.

**DEATH FROM VACCINATION.**—An inquest was held recently at Cornard, Sudbury, Suffolk, England, on the body of an infant aged eighteen weeks, who died shortly after being vaccinated. The medical certificate attributed death to erysipelas. The deceased and another child were vaccinated from an infant at Cornard, and all three died. Dr. Mason, the operator, stated that the lymph was procured from a healthy child at Sudbury, and was used for other children successfully. The grandfather of the infant from whom the lymph was taken suffered from erysipelas; and the witness believed the child caught the infection, which was communicated to the other deceased children by vaccination. A verdict was returned, "That the deceased died from erysipelas, conveyed by vaccination from a person suffering from erysipelas."

**DRAWBACKS TO A SINGLE LECTURE ROOM.** Prof. Oliver Wendell Holmes thus spoke in a recent address: "If you knew what it is to lecture, and be lectured to, in a room just emptied of its preceding audience, you would be thankful that our arrangements will prevent such an evil. The experimental physiologists tell us that a bird will live under a bell-glass until he has substituted a large amount of carbonic acid for oxygen in the air therein. But if another bird is taken from the open air and put in with the first, the newcomer speedily dies. So, when the class I was lecturing to was sitting in an air once breathed already, after I have seen head after head gently declining, and one pair of eyes after another emptying themselves of intelligence, I have said, inaudibly, with the considerate self-restraint of Musidora's rural lover: 'Sleep on, dear youth; this does not mean that you are indolent, or that I am dull; it is the partial coma of commencing asphyxia.'"

**CLAIRVOYANCE.**—This is a fair sample of the reasoning of mind-readers, spiritists, and cranks of that ilk: Homer, Pythagoras,



Socrates, Plato, Hippocrates, Galen, Virgil, Dante, Michael Angelo, Kepler, Galileo, Newton, Locke, Shakespeare, Goethe, Priestley, Davy, Farady, all most sincerely believed in God and in Spirit, says Dr. George Wyld, in the Dublin Medical Press, and he insists that therefore they believed in clairvoyance.

**NEW METHOD OF INSULATING WIRE.**—Baths composed of the salt of lead or the alkaline preparations of iron are apparently used to decorate articles of jewelry and other trinkets. M. Widemann has noticed that metallic articles when colored by these means are no longer able to transmit a galvanic current. (*Lancet*.) A coating of peroxide of lead or iron seems to make such objects perfectly insulated. It is believed that the same method may, with many advantages, be employed to insulate the wires of telegraphs or telephones. The mode of preparation of the insulating fluid is said to be simple. Ten grams of litharge in a liter of water, to which is added two hundred grams of caustic potash, are boiled for about half an hour. This is allowed to stand, and when the liquor is decanted, the bath is ready for use. The wire to be insulated is connected with the positive pole of a battery, and a small terminal of platinum being connected with the negative pole is plunged in the bath. Finely divided particles of metallic lead are precipitated at the negative end, and the peroxide of lead is deposited on the metallic wire, giving rise to all the colors of the rainbow in succession. The insulation is only perfected, however, when the wire has acquired its final brown-black tint.

**THE CODE IN NEW YORK.**—According to the most accurate information now at hand there are five thousand two hundred and nineteen physicians in the State, classified as follows: Committed to the National Code, two thousand four hundred and twenty-four; committed to the New Code, nine hundred and forty-three; committed to having no Code, two hundred and ten; unclassified, thirty-one; uncommitted, one thousand six hundred and eleven.—*Med. News*.

ANY PERSON having purchased a copy of the U. S. Pharmacopeia of 1880, and desiring a list of the corrections since made therein, can procure the same by sending a two-cent stamp to Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, N. Y.

**PATHOLOGY.**—The Medical Times and Gazette, commenting on the commonly accepted belief that rheumatism attacks only serous membrane, says: "Rheumatism attacks fibrous structures as well as serous. If we are to base our minute anatomy on pathological theories, we shall arrive at a good many strange conclusions. For instance, tonsillar inflammations are exceedingly common in association with rheumatism, but we have yet to learn that the tonsils are lined with a serous membrane."

**A COSTLY MEDICINE.**—The most costly pharmaceutical preparation in the market at present is without doubt the ergotine prepared by the manufacturing chemists Gehe & Co., of Dresden, and containing the active principle of ergot of rye. It costs two hundred marks a gram, or something more than three dollars a grain. This is about twenty-one thousand dollars a pound avoirdupois, a price in comparison with which gold is "dirt cheap."

**BUTLER'S VISITING LIST**, edited by Dr. D. G. Brinton, 115 South Seventh Street, Philadelphia, is received. It has space for a weekly record of thirty-one patients, a calendar good for fifty-six years, a posological table, and an index, with abundant practical items for the use of the physician in times of emergency. A more useful compilation could scarcely be devised.

**ANATOMY FOR THE SURGEON.**—Sir A. Cooper said, "Let it be always remembered that operations can not be safely undertaken by a man unless he possess a thorough knowledge of anatomy. Half-anatomists make bungling surgeons. Anatomy teaches us to discriminate disease, in which lies more than half the cure."

**QUININE.**—Professors Bartholow and Da Costa agree that an antipyretic dose of quinine is not less than five grains every two hours until four doses are taken, or else thirty grains in two or three doses close together. The former believes a small dose of morphine given with quinine is the best thing to counteract the unpleasant cerebral symptoms of the latter.

In treating an aneurism Dupuytren ligatured the fourth cervical nerve, and Lister in a similar case, after a considerable time, performed a like operation on the lower cord of the brachial plexus.



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H. A. COTTELL, M.D., - - - - } Editors.

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## PILOCARPIN AND PIGMENT CHANGES.

Elsewhere in the NEWS will be found a letter from Dr. Prentiss, of Washington City, taking us to task for denying that pilocarpin has proved to possess the power to change blonde hair and blue eyes to dark hair and eyes. We have re-read Dr. Prentiss's report of the two cases in which he claims such changes were wrought, and below their essential features are given:

CASE I: The subject of the paper is a young lady, twenty-five years of age, a blonde with light blue eyes, petite figure, weighing about one hundred pounds.

After a complication of difficulties she was seized in June, 1880, with an attack of acute inflammation of the bladder; this developed into chronic cystitis, and the disease gradually extended to the kidneys. When the kidneys became involved, there was diminution in their excretion, and consequent blood-poisoning, due to the accumulation of *urea* in the system.

This diminution of excretion culminated in December, 1880, in total suppression for seven days, and again in January, 1881, a period of total suppression for eleven days; while between the dates of November 15, 1880, and February 22, 1881, the kidney excretion did not average above two ounces daily. Extreme uremic symptoms developed as the result of this retention of *urea* in the blood—harsh, dry skin, incessant vomiting, nervous restlessness and twitching of the limbs, severe headache, confusion of vision, and delirium.

At these times, general convulsions were impending, which are the forerunners of a fatal termination.

It was for the treatment of the uremic poisoning that the pilocarpin was used.

One sixth of a grain of pilocarpin was given hypodermically thirty-five or forty times during sixty-eight days. The effects of each injection lasted about six hours. Salivation, perspiration, lachrymation, and vomiting were profuse—twenty-two times. In each excretory flood Dr. Prentiss *estimates* that fourteen pints of perspiration poured from the pores. This amounts to three hundred and eight pints, or thirty-eight and a half gallons, equal to three hundred and eighty-five pounds. In each of these excretory deluges two quarts to a gallon of gastric and salivary fluid welled from the mouth. Estimating this at only two quarts each, it amounts to eleven gallons or one hundred and ten pounds. This estimate is at water weight, which is somewhat less than that of the excretions. Dr. Prentiss says that the nurses and attendants of the patient thought the estimate of fluids thrown off too small. No estimate was made of the nasal and lachrymal excretions, which were said to be very profuse. And yet this little yellow-haired woman, of twenty-five, weighing but a hundred pounds, lost, during *sixty-eight days, four hundred and ninety-five pounds in weight, improved rapidly in health and her pale yellow hair became black and her pale blue eyes turned to a dark blue, the hair on the body undergoing similar change.* Whether the doctor examined the hair elsewhere than of the head, or took the nurse's statement, is not noted. It is not impossible that the petite maiden lady of five and twenty had artificially colored hair, which is very common, and that it resumed its natural hue while she was bed-ridden. From the description of the patient it is altogether probable that she was hysterical. Female nurses are proverbially full of imagination and given to exaggeration. Therefore, may not the sick lady and her attendants have misled the doctor, unintentionally, of course?



### Case second is as follows:

In the second case here presented the change of color is not so marked, but for the length of time is sufficiently distinct to be decidedly marked.

This case occurred in an infant, fourteen months of age, suffering from membranous croup. I first saw the patient on the night of June 9, 1880, when he presented all the characteristic symptoms of advanced membranous croup. The use of the *pilocarpin* was begun June 10th, in dose of two milligrams (gr.  $\frac{1}{32}$ ) every hour, which dose was increased the day following to four milligrams every hour until a decided effect upon the skin and salivary glands was obtained. The dose was then reduced to two milligrams every hour, and kept at that for one week, except when the child slept. The case at first seemed so hopeless that a specimen of the hair was not taken until June 17th, when the hair was of a light yellow color.

The second specimen was taken June 27th, ten days later, and on comparison with the first is of a decided shade darker.

This case is an utter nullity. It was not carefully observed in the matter of pigment change. Children's hair when light colored commonly grows darker with time, and during sickness it often grows rapidly dark from soiling and absence of ablution. Besides, severe sickness has, in recorded cases, led to decoloration and discoloration of the hair, and the color changes reported by Dr. Prentiss may have been produced by disease.

And yet, we do not deny, we simply doubt, the power of *pilocarpin* claimed by Dr. Prentiss. After careful consideration of the cases in question, we reiterate that this power is not proved. We will gladly give fifty dollars as we said in a former issue, for five authenticated cases of such color change. It is to be hoped that Dr. Prentiss, or some one, may prove that *pilocarpin* can change white into black. What a blessing this would be to the Albino. Not only would his sickly white hair become of a handsome ebony hue, but his feeble eyes, by the deposit in them of pigment, might be made strong. There is a danger, however, that *pilocarpin* might not confine its pigmentary changes to the hair and eyes, but might attack the skin also, and the white man might not enjoy being changed to a black one.

In conclusion, we reiterate that we are

only unconvinced, and simply ask for proof. Assertions in the science of medicine are as abundant as blackberries, but established therapeutic facts are nearly as rare as white specimens of the *Rubus fruticosus*. "Science means measurement," not estimate. Science demands demonstration, and does not accept mere assertion. To hear or to tell some new thing is the daily delight of the credulous, and wonders come constantly to such, but scientists should give or accept only well-winnowed grains of truth. The coarse bread made after the rude and careless processes of our predecessors is not fit food for modern minds. Let us have facts or nothing, no nurses' tales, careless observations, or ill-digested conclusions.

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THE NEW SURGEON-GENERAL OF THE ARMY is Dr. Robert Murray, formerly senior medical officer of the army corps. Dr. Murray, a native of Maryland, was born in August, 1822. He was appointed Assistant Surgeon U. S. A. in 1846, and ever since that time has been in active service, filling many responsible positions, and steadily working his way to the front rank as a medical officer.

Dr. Murray is a gentleman of irreproachable character, a surgeon of high attainments, and an officer of great executive ability.

While his appointment gives general satisfaction, it comes with the regret that, by a rule of the army, he will be retired from active service in about two and a half years, since at that time he will have reached his sixty-fourth year, the age of compulsory retirement.

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THE MODERN JOSHUA.—By order of the powers that be, the wheels of time have been turned back in this section in order that our time-pieces may tally with the big clock at Washington. The result is that we rise seventeen and one half minutes too late in the morning, go to bed just this



much later than we should at night, and keep our sharp engagements with the mortifying conviction that our watch carries a lie upon its face.

The question as to whether this drag upon the rhythm of existence is likely to result in an epidemic of neurasthenia should be seriously considered by the neurologists.

## Bibliography.

**Proceedings of the Society for Psychical Research.** Second edition. Vol. I, part 1, October, 1882. Vol. I, part 2, April, 1883. Vol. I, part 3, July, 1883. London: Trubner & Co., Ludgate Hill. 1883.

This society was organized on February 20, 1882, and its programme for future work was then laid out, the following subjects being intrusted to special committees:

1. An examination of the nature and extent of any influence which may be exerted by one mind upon another, apart from any generally recognized mode of perception.
2. The study of hypnotism, and the forms of so-called mesmeric trance, with its alleged insensibility to pain, clairvoyance, and other allied phenomena.
3. A critical revision of Reichenbach's researches called "sensitive," and an inquiry whether such organizations possess any power of perception beyond a highly exalted sensibility of the recognized sensory organs.
4. A careful investigation of any reports, resting on strong testimony, regarding apparitions at the moment of death, or otherwise, or regarding disturbances in houses reputed to be haunted.
5. An inquiry into the various physical phenomena, commonly called spiritualistic, with an attempt to discover their causes and general laws.
6. The collection and collation of existing materials bearing on the history of these subjects.

It has long been held by many thoughtful men that there are certain unexplained phenomena occurring in the worlds of matter and mind of which science has as yet made no serious study, and that while these may be a terror to the ignorant, who see in them only the supernatural, and a make-shift for the imposter, who turns them into a source of revenue, they are worthy of careful study, and may yet find a place among the classified sciences.

The object of this society, as will be seen by the above list of subjects, is to invade this mysterious domain and get out of it whatever of truth it may contain. Though this line of study has been followed fitfully

by some gentlemen of high scientific attainments, the above is the first organized effort for research in this department.

It can not be doubted that, with its full equipments and able corps of officers, the Society for Psychical Research will let some daylight into the shadowy haunts of ghosts and goblins, dispelling many a mist of superstition while it adds to science possibly some gems of precious truth.

Thus may we see the hither boundary line of the dominions of "Chaos and old Night" recede, while science marches on in an ever-widening sphere of light.

If any of our readers are in possession of well-authenticated facts, or observations bearing upon the subjects above stated, we trust that they will not fail to put themselves into communication with the Hon. Secretary, Edward T. Bennett, 8 The Green, Richmond, London, who will give them such attention as they may merit.

## Correspondence.

### ACUTE RHEUMATISM IN A CHILD TWO MONTHS OLD.

*Editors Louisville Medical News:*

On September 13th I was called in great haste to see —. On arrival I found the patient, a child two months old, in pain and great nervous excitement. A careful examination of the case revealed tenderness upon pressure over the forearms and hands, and also from the knee downward on both sides of each leg. These parts were so sensitive that the child would cry out with pain whenever they were touched. I learned from the mother that, a few days before the child was taken sick, she had taken it to a "baptizing," and had kept it in the open air during the entire day, the weather being unusually cold for September. I was further informed that the child had seemed not to be quite well since the day of its birth. The temperature was 105° F., and the skin hot and dry. There was great thirst, and at times photophobia, but the respirations were normal in number and without apparent effort. The tongue was thickly furred and the conjunctivæ yellow. The bowels were inactive, constipation having been the rule with the child ever since its birth. The urine was high colored and left a yellow stain upon the linen. The lower limbs were kept in a semi-flexed posi-



tion, the child screaming with pain whenever any attempt was made to straighten them. I ordered calomel to be given in small doses every three or four hours during the night, and followed by castor-oil and turpentine in the morning. Cold applications were made to the head to reduce local heat, but at this time there was no distinct symptom of cerebral trouble.

On the morning of the second day the fever had abated, but before night the temperature had reached the point registered the night before. Acting upon this indication, I gave quinine externally and internally for its antiperiodic effect, expecting to get the benefit of its antipyretic action also.

On the third day I found the patient no better than on the first, and in one respect possibly worse, as he was now discharging abundant greenish-colored stools. I ordered calomel as before, and, as the symptoms pointed to increased tension of the cerebral vessels, I gave chloral hydrate and potassium bromide in combination. Auscultation and percussion at this time revealed no sign of heart or lung derangement. The abdomen was soft and flaccid, and, with the exception of a large umbilical hernia, kept in place by a compress, seemed to be in a normal state. Quinine, seeming not to benefit the patient I ordered the following prescription:

R Acid. salicylatis, . . . . . ʒ ss;  
 Potassii acetatis, . . . . . ʒ ij;  
 Aq. menth. pip., . . . . . } aa ʒ j.  
 Syrp. limonis, . . . . . }  
 M. Sig. Teaspoonful every three hours.

In addition to this I had the patient to take a weak whisky toddy at short intervals, and ordered emollient cataplasms to the affected limbs. Being called away on urgent professional business I did not see the patient again until the eighth day of the disease, when I called, and found him just emerging from a spasm. I was not surprised at this result. Indeed, I had predicted it on noting the extreme nervous excitement, which from the first complicated the case. This was the carpo-pedal form of spasm, the patient having the characteristic swollen and cushiony appearance of the skin over the dorsal surfaces of the hands and feet. I attempted to relax the muscular system by means of ipecac in minute doses, keeping up a nauseant effect with syrup of ipecac for some time. From this time on, however, the patient grew steadily worse; head symptoms developed rapidly; the spasms increased in frequency and severity,

with incomplete opisthotonos, until the tenth day, when the child died.

Though a rare affection in so young a child, I have no doubt the case was one of acute rheumatism, the carpo-pedal spasm being a reflex of great nervous disturbance induced by the severe local lesions. It is interesting to note, in this connection, that the child's father has suffered from occasional rheumatic attacks.

J. K. P. CALDWELL, M. D.

DENMARK, TENN., Nov. 19, 1883.

#### *Editors Louisville Medical News:*

On page 336 of your issue of November 24, 1883, in a note to an article on pilocarpin, you make use of strong words, as follows: "Does any one know that pilocarpin has such powers? Certainly not. Assertions have been made by a few writers that pilocarpin changes the color of the hair and eyes; but assertions are seldom truths."

I send you a copy of a short paper read before the American Association for the Advancement of Science, in Cincinnati, 1881, reporting two cases. The specimens were exhibited at that meeting. In the first of these cases there can be no reasonable doubt that the change in the color of the hair *was* due to the pilocarpin. In the second case the remedy was administered too short a time to show any very decided result. You can find the first of these cases in full in Philadelphia Medical Times, July 2, 1881. The plate illustrates correctly the change that occurred. I still have the specimens, and the young lady is still living. I would be glad to show both to you if you still doubt.

In the same connection, have you seen an article in the Buffalo Medical and Surgical Journal for May, 1883, by Julius Pohlman, on the action of pilocarpin in changing the color of the hair in rabbits?

I have had one decided case in which persistent local application of pilocarpin has stimulated the growth of the hair in alopecia.

As to change of color, several circumstances must combine to produce that effect, namely, (1) The hair must already be light or blonde; (2) the medicine must be given in full doses; (3) it must be long continued.

Evidently, by referring to the effects produced by the medicine in my case, no one is likely to use it for the purpose of coloring



the hair, and most cases that call for such use of the remedy as a medicine are fatal in a short period.

D. WEBSTER PRENTISS.

P. S.—I am *not* after your reward of \$50.

WASHINGTON, D. C., Nov. 29, 1883.

## Selections.

NINE CASES OF PNEUMONIA OF THE UPPER LOBE.--These cases are reported by Dr. C. W. Suckling, in the British Medical Journal. The writer remarks on them as follows. [The italics are ours]:

During the first four months of this year, I had under my care thirty-three cases of pneumonia (lobar). Of these, nine were of the upper lobe, which is a proportion of nearly one in three. In five cases the right upper lobe was affected; in four, the left upper lobe. In two cases a necropsy was made, and the lungs weighed about forty ounces, the exudation in the upper lobe amounting to about twenty ounces. I would call attention to the following facts. In the great majority of the cases there had been previous lung-mischief such as chronic bronchitis or emphysema, or some phthisis at the apex; and in such cases pneumonia is very fatal, seven out of eight of my cases dying. The case that recovered completely was that of a young man who had been previously perfectly healthy, and the pneumonia behaved just as pneumonia of the base does. Evidently, *then, old people are very liable to pneumonia of the apex*, especially when they have previously suffered from bronchitis. Again, in old people, the disease is apt to be latent; without careful examination of the chest, it may be overlooked. There is often nothing in their outward appearance to indicate the existence of pneumonia.

The temperature is not very high, rarely over 102° F.; but there is marked tremulousness. In old people, then, with fever and obscure nervous symptoms, such as tremor and slight delirium, it is advisable to examine the lungs carefully.

*In all the fatal cases, death occurred from heart failure. In several cases, I have observed an intermittent pulse toward the end, there being feeble cardiac systoles corresponding to the intermissions. An intermittent pulse, occurring during the attack of pneumonia, would seem to be of bad omen.* The treatment in every case was highly stimulant. The great

number of cases met with during the month of March were probably to be attributed to the severe weather and northeast winds.

Trousseau says that pneumonia of the upper lobe is not necessarily accompanied by delirium; and it may be noted there was no delirium in any of the cases I have recorded here. He further says that it is not more dangerous nor more tedious than pneumonia at the base (except in tuberculous patients); but this latter statement is not supported by the cases I have met. Probably the great fatality (six out of seven) in my cases was due to the age of the patients. Two of them were seventy-two years of age, one was sixty-three, and another fifty-six; only two cases were under thirty years.

Inflammation of the upper lobe, in two of my cases, was followed by inflammation of the lower lobe on the same side; but the two lobes were not affected simultaneously, and I believe that it is very rare for this to occur.

It may be asked: How is it that a pneumonia of the upper lobe undergoes resolution and absorption with much greater difficulty than a pneumonia of the lower lobe? We know that the circulation through the lung is greatly assisted by the alternate expansion and collapse of the alveoli. This alternate expansion and collapse of the air-cells is not so active in the upper lobe as in the lower; the upper ribs being more fixed, and the apex being covered by the almost rigid clavicle, while above the clavicle there is no elastic chest-wall. This observation may explain the fact that absorption does not take place readily in this part of the lung.

CLINICAL USES OF NITRITE OF SODIUM.—Nitrite of sodium has recently been introduced to the profession by Dr. Law, in an able paper in the Practitioner, as a valuable remedy in epilepsy. (British Medical Journal.) It belongs to a class which, though comparatively new, has yielded results second to none in alleviating the acute agony of diseases previously most difficult of relief. Until the investigations of Lauder Brunton, Ringer, and Murrell had familiarized us with the antispasmodic power of nitrite of amyl and nitro-glycerine, there was a large class of acutely painful spasmodic affections which defied the physician even to palliate. Angina pectoris, asthma, neuralgia, dysmenorrhea, epilepsy, and various forms of Bright's disease, have been brought within the range of the beneficent action of the nitrites. Hence, when Dr. Law gave his ex-



perience of the valuable uses of nitrite of sodium in epilepsy, physicians hailed with satisfaction the introduction of another remedy of this class. It was under these circumstances that Dr. Murrell, with whose name the uses of nitro-glycerine are connected, turned to nitrite of sodium as a still further addition to the resources of the physician. The dose indicated by Dr. Law's clinical experience was twenty grains. Dr. Murrell, however, began it in doses of half that strength; and in the first case the patient, after using the medicine a week, showed no symptoms indicating that the dose was excessive, but expressed, at the end of the week, the opinion that the dose was insufficient, and it was increased to fifteen grains. In other cases, however, the ten-grain dose produced giddiness and a feeling of sickness. Dr. Murrell then reduced the dose to five, and subsequently to three grains; and Dr. Ringer, to whom Dr. Murrell communicated his experience, ascertained experimentally by the administration of the drug to animals, that with the pure drug at least very much smaller doses should be employed than those indicated by Dr. Law.

THE LESS OBVIOUS SYMPTOMS OF GASTRIC ULCER.—The frequency with which ulcer of the stomach occurs, though indicated by dissections of the dead, and taught, moreover, by several writers, is perhaps not duly realized; and it is probable that from time to time the absence or the want of salience of some of the well-known symptoms in this affection leads to imperfect observation of the case, and in consequence to erroneous diagnosis and ineffectual treatment. In the mass of instances, both in hospital and private practice, usually relegated to the large category of dyspepsia there are many where careful observation and inquiry into past symptoms suggest the probably causative influence of gastric ulcer. Apart from the significant occurrence of rapidly fatal perforation, sometimes without any premonitory complaint whatever, which should have its important clinical lesson for all, and the frequent discovery of healed ulcers in the post-mortem room, careful observation of symptoms and a little scientific use of the imagination seem to lend great force to the teaching which emphasizes the part played in so-called dyspepsia by this curious affection of the stomach.

It would not appear necessary in these cases that the complaint of *severe* pain

should be made; though much stress should be laid on its more or less definite localization, and time of occurrence in relation to taking food. It would be surprising to those who may not have paid much attention to this subject to learn that in an extremely large number of the very common complaints of pain between the shoulders at a certain definite spot, or, more rarely, of a similar pain at the epigastrium, which are of constant occurrence in the out-patient room, very definite and indubitable histories of considerable vomiting of blood can be obtained, though often this symptom has either been so remote in time, or, if repeated, so slight in degree that the patients do not spontaneously complain of or report it. These cases are probably too frequently put down to "gastritis" or "gastric catarrh," and, even more vaguely, when the pain and general disturbance are but slight, to that refuge of diagnostic doubt, "dyspepsia," or are looked upon as solely and directly due to improper feeding.

It must be remembered that the kind of complaint under consideration—the definite *interscapular* pain, the "sinking," etc.—although familiar to those whose work is among the lower orders, is but rarely made by the more well-to-do, whose many and variegated dyspeptic maladies are directly traceable to what and how they eat and drink. Such cases of indigestion, on the other hand, and such troublesome cases—from the point of view of treatment—as are so often met with among the higher classes, occur but rarely among the lower, where, in the few instances taking place outside the circle of tea- and alcohol-dyspepsia, and often in these as well, a cure can generally soon be wrought. But it is by the lower classes, and by women especially, that the definite complaint of interscapular or epigastric pain is so often made; and among them too is admittedly found the greatest incidence of gastric ulcer, as evidenced by unquestionably marked symptoms during life or by examination after death. It may be interesting, perhaps, to remember in this context that the greater frequency of pain between the shoulders than "at the pit of the stomach" may have some connection with the more favorite seat of gastric ulcer on the posterior aspect of the organ, and that the locality of the cause of the pain may be hinted at by the frequently beneficial effect of a sinapism placed *in situ*.

These remarks may be applied as well to cases where no history of hematemesis can



be obtained, or even where it can be excluded. Many instances of gastric ulcer undoubtedly occur without hemorrhage, as especially shown by the rapidly perforating ulcers in the anterior wall of the stomach, unchecked in their fatal course by any adhesions to other organs. One practical and additional aid in the diagnosis of the obscurer cases of this affection is the condition of the tongue, which is but rarely coated or furred as it would be were the gastric affection, if accompanied by equal pain, either diffuse inflammation or malignant growth. The reasonable hypothesis of the great clinical frequency of gastric ulcer will often lead to success in treatment after many dietetic changes and many drugs have failed; for it points to as near an approach to *perfect rest* of the stomach as possible—to semi-starvation sometimes for awhile, or even rectal feeding, in cases before any alarm of danger arises. Such treatment will occasionally work apparent wonders, and may serve also to support the diagnosis in the mind of the doubter, when he finds that on a speedy return to ordinary food the patient's pain may often be long in recurring, or may never be heard of again.—*Med. Times and Gazette.*

**HORRIBLE HICCOUGH CURED.**—Doctor Ruhdorfer, in the *Allgemeine Wiener Medizin. Zeitung*, No. 38, reports a case of hiccough lasting three months, and which morphia, hypodermically, could only check for a few hours or days. It resisted all the usual remedies. The patient dragged on three months under various remedies, morphia being administered whenever an attack lasted beyond eight hours. But at last the attacks became overpowering, and the hiccough was so loud that the patient could be heard outside the house, through two doors. She sat up in bed, supported by her parents; there were dyspnea and cyanosis, and the head was jerked in all directions, the pulse was small and frequent, the neck was distended. Remembering a case in the *Revue Médico-Chirurgicale*, Dr. Ruhdorfer injected a solution of pilocarpine hydrochlorate (three centigrams in a gram of water). The hiccough was at once cured, as if by magic, and has never returned since.

**HEREDITARY POLYDIPSIA.**—A most remarkable genealogical tree has been sketched by M. Weil of Heidelberg. This tree deals with the branches of a family of ninety-one members, of which seventy are still living.

(Lancet.) Twenty-three of the individuals of this family have been the subjects of diabetes insipidus. Seventeen of these have come under the personal observation of M. Weil. There is no evidence of any other hereditary disease in the family, the units of which enjoy robust health and attain an advanced age. Except the polyuria and excessive thirst their health is natural. The quantity of urine passed in twenty-four hours varies in different individuals from six or seven to sixteen or seventeen liters.

**SCARLET FLANNEL.**—A writer in the *Lancet* says: The system of dyeing scarlet flannel with lac dye or cochineal has been abandoned in favor of aniline dye, into the manufacture of which arsenic so largely enters, and from which it is seldom, if ever, free. At the present moment I know of a case of serious skin eruption in a family of children, which the doctor attributes to the use of scarlet flannel drawers. As scarlet is said to be the fashionable color this winter, it is most important to be warned in time.

**ON A THIRD USE OF TURPENTINE.**—Dr. Brinsley Nicholson writes, in the *Medical Times and Gazette*, that he has good reason to believe, from a case reported, that turpentine internally administered will cause coagulation, and therefore cure in aneurism.

A VESICAL CALCULUS, weighing seven hundred and sixty grains, removed from a woman, is reported by Surgeon G. Y. Hunter, in the *Lancet*, November 17th.

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from November 24, 1883, to December 1, 1883.

*Wolverton, William D.*, Major and Surgeon, assigned to duty as post-surgeon, at Washington Barracks, D. C. (Par. 7, S.O. 222, Department of the East, November 27, 1883.) *Brown, Paul R.*, Captain and Assistant Surgeon, assigned to duty in the Department of Arizona. (Par. 4, S.O. 273, A.G.O., November 28, 1883.) *Merrill, James C.*, Captain and Assistant Surgeon, relieved from duty in the Department of the East, and assigned to duty at Columbus Barracks, Ohio. (Par. 4, S.O. 270, A.G.O., November 24, 1883.) *Brewster, William B.*, First Lieutenant and Assistant Surgeon, extension of leave of absence granted September 15, 1883, further extended two months. (Par. 4, S.O. 271, A.G.O., November 25, 1883.) *Maddox, Thomas J. C.*, First Lieutenant and Assistant Surgeon, granted leave of absence for two months. (S.O. 130, Department of the Missouri, November 24, 1883.)



THE

# LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

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SATURDAY, DECEMBER 15, 1883.

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## Original.

### A REMARKABLE CASE OF ASTIGMATISM.

BY R. MAUPIN FERGUSON, M. D.

*Surgeon to Eye, Ear, and Throat Dept. of Louisville  
City Hospital.*

Recently a very remarkable and an exceedingly interesting case has fallen under my observation. It is a case of astigmatism in which the general disturbances were so excessive that its dependence upon an error of refraction in the eye was for fifteen years overlooked. During this time the patient was under treatment of various physicians; but, as the connection of the trouble with the eyes was overlooked, no benefit whatever was received. By more than one member of the profession she was assured that her mind was threatened.

The patient, Mrs. St. J., is about thirty-five years old and in fair general health. She states that she has suffered a great deal from "biliousness" and from "fevers." She has very frequently vomited bile, and at one time says the vomited matters contained blood, and the diagnosis of gastric ulcer was made. Her son mentioned the case to me, and stated that she was always made sick, often retching and vomiting, when she looked at stripes. From this statement I suspected astigmatism, and felt quite confident that cylindrical glasses would give her complete relief.

The following is the history she gave bearing on her trouble:

"Fifteen years ago I noticed that whenever I did any ironing I became nauseated and often vomited. Then I noticed that this only happened while ironing a striped shirt. Finally the connection of my sickness with the striped shirt became so evident that I kept this shirt for the last, so that when I had finished my ironing and

had been made sick I could lie down. The affection gradually grew worse and worse until finally I was in continual dread of seeing stripes. Checked goods and polka dots affected me in the same way. In walking along the street I was continually seeing stripes, checks, or polka dots in dresses and in the windows, barbers' poles, palisade fences, American flags, and other striped objects. At home the bed ticks, etc., made me sick. My suffering from such slight causes became so great that I dreaded going in the street or visiting friends; and in covering the beds I always closed my eyes. For the last five years I have been *invariably* made sick by looking at stripes, checks, or polka dots. Sometimes I am only slightly nauseated, but at other times I am made deathly sick so that I go to bed and remain there for hours, and have at times been sick for more than twenty-four hours.

"During these attacks I suffer from great nausea, belching, vomiting, intense headache (frontal), a sensation of cold rising from the feet to the eyes, and a burning sensation from the eyes to the top of the head. My eyes become dull and heavy, my heart flutters, and I suffer from a sensation of constriction about the chest and want of air. Sometimes I become very faint and dizzy, but never lose consciousness, and often become very tremulous. The vomited matters frequently contain bile."

From the fact that these disturbances were connected with the sight of stripes I suspected astigmatism, though I am unacquainted with any case in which such symptoms were present.

With the retinoscope the unequal rapidity of the movement of light and shadow in the different meridians of the eye testified to its existence. Proceeding with the examination, I requested her to look at the radiating stripes used in detecting astigmatism; but they caused such violent retching



and belching that the examination had to be discontinued. The next time she called I was unfortunately arrayed in striped pants and checked cravat, and it was only after these had been covered that I was enabled to complete my examination.

The ophthalmoscopic examination revealed a normal fundus, the vessels in different meridians being seen with different degrees of distinctness (a result of the astigmatism).

Examined with test letters S. R. =  $\frac{20}{30}$ ?, L =  $\frac{20}{30}$ (?). The examination under atropia revealed compound hypermetropic astigmatism. She received glasses of +1 D.S.  $\subset$  +1.25 D.C., axis vertical for both eyes, with which S =  $\frac{20}{30}$ , and reads J' perfectly up to 8".

Armed with these glasses, she can and does look at stripes, etc., with perfect impunity. Besides this, she is now enabled to read for hours, whereas for several years she has done no reading whatever on account of disagreeable sensations supervening whenever she attempted to read. When reading was persisted in for even a short time it caused a severe headache. She has now had her glasses one month and has not suffered from a single attack of her old trouble.

The history of this case is very different from that which astigmatics generally give. So far as I am aware no similar case has been reported. It is especially remarkable that the error of refraction causing such profound disturbances should be so slight.

The complaints of astigmatics vary somewhat, according to whether their astigmatism be simple, myopic, hypermetropic, compound, or mixed. In all cases alike there is indistinctness of vision, which may be so great that they fear they are going to lose their sight. Astigmatics frequently squint, as they often obtain much better vision by approximating the lids.

In astigmatism horizontal and vertical stripes, or stripes at right angles to one another, are not seen with equal degrees of distinctness; and it is frequently observed on looking at the clock that certain figures are very distinct, while those at right angles are very indistinct. The complaints in astigmatism are most frequently of indistinct vision, inability to continue long at close work, as in reading or sewing, and frequent recurring headaches, when the eyes are used much in such occupations.

In no class of cases do we hear such testimonials of gratitude as among the astigmatics who, having received proper correct-

ing glasses, find their eyes almost or quite as strong and sharp-seeing as those of other people, and have their dread of "amblyopia" removed.

## REPORT OF CASE OF ABSCESS OF THE SMALL INTESTINE.

BY J. H. ASHLOCK, M. D.

S. W., a stout lad of twelve years, while playing at school, on the 20th of August, 1882, fell, his abdomen striking a small stump. He suffered but little pain at the time of the injury, and, excepting a slight tenderness over the abdomen with an indisposition to study or engage in plays, nothing unusual was noticeable about him for two weeks, at the end of which time he began to complain of severe paroxysmal pain in the abdomen.

A physician was called, and mistaking his case for colic induced by some indigestible article of food, administered cathartics. He rapidly grew worse.

I was called to see him three weeks from the date of the injury. I found him suffering the most agonizing pain; features pinched; pulse weak and one hundred and twenty per minute; constant sick stomach; temperature 101° F.; diarrhea. On exploring the abdomen I found localized tenderness in the umbilical region, about one inch above and to the right of the umbilicus. Firm pressure revealed a considerable induration which gave a dull sound on percussion.

I expressed the opinion that the injury was done to the small bowels, probably the jejunum, when he got the fall while playing at school, and told his parents that if the tumor should suppurate and be discharged from the bowels, the prognosis would be much more favorable than if it were to be discharged elsewhere; but at the best the prognosis was gloomy.

The treatment consisted of opium to relieve pain and keep the bowels quiet; subnitrate of bismuth for its soothing effect upon the mucous membrane; quinine as a tonic and antipyretic; and a cataplasm over the affected part. His diet consisted of concentrated nutritive liquids, and the parents were instructed to feed him often and but little at a time. He also got whisky every two hours.

He was kept on this treatment for four days, when he felt "something give way," and an immediate desire to evacuate his bowels.



A considerable quantity, near a pint, of pus and blood was discharged, and he expressed himself as relieved to a considerable extent. He was directed to continue the same treatment so long as there was pus or blood in the evacuations, which, however, entirely ceased in a week's time from date of first discharge. From this on he improved rapidly, and at this writing he is well and strong.

The only noteworthy feature in this case was the length of time between the date of injury and manifestation of the symptoms of abscess.

HARDIN COUNTY, KY.

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### Miscellany.

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A HUMILIATING STATE OF AFFAIRS.—GIVE THE NAME.—For some time past we have noticed in some of our exchanges letters from students to deans of faculties and their replies, presenting a very humiliating state of affairs upon all sides. We can not conceive any benefit likely to accrue from this exposure, when it is all *sub rosa* so far as the parties connected with the transactions are concerned. We notice also that the same course is pursued by the Illinois State Board of Health, suppressing names and dates. Officers of the law, above all others, should, under all circumstances, unmask fraud whenever and wherever found, together with the names and residences of the perpetrators. We can assure the readers of the Monthly that, should any such letters as those to which we have alluded fall into our possession, we will, if we publish any part of them, publish the whole. Why not let the world know the names of the officers who *so far forget themselves as to prostitute their official positions, their professions and their professorships to surreptitious attempts at building up freebooting and bamboozling institutions*, such as would necessarily result from the course indicated by these communications? Pass around the names, dates, localities, etc., and let us know who the parties are.

[We condense the above from an editorial in the Mississippi Medical Monthly. The "*Louisville Medical College*" is the school alluded to in the various journals.]

THE Illinois State Board of Health declines to grant licenses to practice medicine to persons who have obtained a diploma by attending two courses of lectures within the

same year. A test case appeared in the form of an application for a license to practice based upon a diploma obtained by attending two courses in Louisville during less than one year. It does not appear whether the gentleman passed his examination or not.—*Detroit Lancet*.

#### DREDGING FOR MEDICAL STUDENTS.

LOUISVILLE, KY, August 14, 1883.

Dear Sir: Your name has been decidedly sent to me by a friend, I am not informed at what school you have taken your first course, but I am certainly anxious to have you take your last one with the Louisville Medical College—the *foremost school in this country*. It has graduated hundreds of the *most successful practitioners in the world*, and I am told that you will not fail to add luster to its name should you wisely consent to complete your education here. This school has many important features possessed by *no other school in the world*, and *has never been equaled as a brilliant instructor*.

A limited number of beneficiary tickets will be issued to Kentucky students this fall. Now if you wish to avail yourself of this favor, call upon me or write at your earliest convenience.

The stage-coach from your place passes by my house. If you will stop as you come in town, you will certainly never regret having done so.

The reputation you will acquire by graduating at the *Louisville Medical College*, will aid you in obtaining a practice where ever you locate. *Your preceptor will lose interest in you as soon as you locate and become his competitor for practice, but this school will assist you, if you need it*, until you become, what all young men should strive to be, the best of good physicians. Call and become acquainted with the plan of instruction pursued by the Louisville Medical College. Believe me your friend.

Judging from what I have heard of you (I am anxious to meet you), I believe you are a student of no mean abilities. Don't fail to call on me when you come to town, for "I've something sweet to tell," etc. —

LOW DOWN.—Prof. Briggs showed us a letter last summer received by him, of which the following is a copy: Professor Brigs, dean of the university of nashville. the Louisville Medical College offers to take 4 students for fifty Dollars What is the best turms your skool kin giv us pleas reply sune & I remain yours truly

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**CONCEPTION DURING AMENORRHEA.**—Dr. Andre Petit (*Annales de Gynecologie*), after detailing carefully some twenty-four cases, arrives at the following conclusions: (1) If, in the adult woman of normal constitution, there is no menstrual discharge in the absence of the ovaries or of the physiological action of these organs, ovulation, on the contrary, can take place in certain cases without the discharge of blood, which is the external phenomenon of menstruation. (2) The cases cited do not furnish an argument in favor of the theory of *disjunction* between ovulation and menstruation. The latter, normally dependent upon ovulation, may sometimes be at fault, when there exists in the woman a local or general cause, which makes it impossible for the uterus to furnish the elements of a hemorrhage under the exciting influence of the ovary. (3) Amenorrhea under these circumstances is not an indication of sterility. There exists a large number of cases of pregnancy occurring during amenorrhea. (4) The physician should seek with the greatest care the cause of the amenorrhea to be able to declare understandingly regarding the aptitude for marriage and fecundation of young girls suffering from this affection.—*Journal of the American Medical Association*.

**THE TELEGRAPH IN MEDICAL JOURNALISM.** The British Medical Journal, while complimenting our own Medical Record, of New York, upon its journalistic enterprise in providing its readers with telegraphic summaries by cable of the daily proceedings of the British Medical Association during its Liverpool session, shows that it, the British Medical Journal, took precedence in this use of the cable, by thus obtaining reports of the progress of cholera in Egypt from eminent medical authorities in Cairo and Alexandria, which were far more extended and elaborate than the reports cabled to the Medical Record. We are moving on.

**FETAL CALF WITH A FIFTH LIMB GROWING FROM ITS BACK.**—Dr. W. F. Whitney and Dr. Hosmer exhibited a specimen, described as follows, before the Boston Obstetrical Society: "It was about eight to ten inches in length, and apparently somewhat macerated. From the lower part of the dorsal region was apparently a fifth leg, poorly developed, and without any large amount of bony material. The hoof was represented by three parts instead of two, and from this it was suggested that the leg

was possibly double. From the condition of the specimen this could not be determined. Otherwise the animal was apparently well formed. Internal organs not examined.—*Boston Medical and Surgical Journal*.

**AN UNUSUAL CASE OF TETANUS.**—A boy, aged nine years, died in Guy's Hospital from tetanus two days after a fall from a ladder. (*Med. Times and Gaz.*) Mr. Dendy, house-surgeon, in his evidence, said that they had been unable to trace the least scratch or wound, or even sign that the deceased had had a fall, except that pressure about the neck appeared to give him pain. Nor did the autopsy show any injury, either local or to the spinal cord or elsewhere. The occurrence of tetanus without breach of surface is very unusual in this country. When it does take place, it usually follows blows or falls on the back of the head or on the spine. The exact percentage of such cases is not known. In our most reliable statistics, those of Guy's Hospital, twenty-three cases of tetanus occurred out of a total of three thousand six hundred and sixty-eight surgical lesions, with one case under the mixed heading of "Injuries and Contusions." The author, Mr. Poland, however, says "there is scarcely a single lesion which may be said to be exempt from its attack, from the simple bruise or graze to the most severe compound fracture." It is difficult to know whether to regard this particular case as idiopathic or traumatic tetanus; and, unfortunately, we get no aid from the pathology of the disease, for it is considered by some as due to sepsis, and by others to peripheral nerve-irritation.

**THE ORIGIN OF VACCINIA.**—M. Warlomont, of Brussels, read a paper to the Académie de Médecine (*L'Union Méd.*) in October. These are his conclusions: (1) Neither horses, cows, nor any other animals can be considered as vaccinogenous. Neither horses nor cows can directly give rise to horsepox and cowpox; either must have previously received the originating germ. (2) The original cause of vaccinia, in its relation to the cow and horse, is nothing else than variola; introduced into the organisms of these animals, it there undergoes an attenuation resulting in vaccinia. (3) This attenuation is less in the case of horses than of cows; consequently horsepox more nearly approaches the character of variola. (4) The horse is, therefore, less fitted for the culture of vaccinia. (5) Artifi-



cial variola or vaccinal impregnation in the horse by inoculation or intra-cutaneous injection, seems to be produced very much as in the case of the cow, and immunity should be the result of this impregnation.

**GOOD STRONG VINEGAR.**—Dr. Squibb recommends a mixture of diluted acetic acid two hundred and fifty-six parts, alcohol one part, or about one half fluid ounce to the gallon. (*N. C. Med. Jour.*) If the mixture be set aside for a few weeks—the longer the better—enough acetic ether is generated to give it the full, clean aroma of fine vinegar; and then for table use it is very far superior to vinegar made in the ordinary way by fermenting cider, and it is more wholesome, because free from decomposition products of the fermentation of rotton or bad fruit, and free from animalculæ and other impurities always present in vinegar by fermentation.

**DR. EDWARD WARREN-BEY**, of Paris, has received two new decorations, "Officer of the White Cross of Italy" and "Member of the Order of Universal Samaritan of Geneva." (*Fredericksburg News.*) Dr. Warren was a Confederate surgeon, after the war he served as surgeon-general in the Kehdive's army and was made a Bey for saving the Turkish Minister of War's life by an operation for strangulated hernia. He now does a large practice in Paris.

**REFUSION IN CARBONIC-OXIDE POISONING.** Dr. R. F. Weir says that last spring his attention was called to the frequency of coal-gas poisoning during the past few years, and also to the fact that most of the cases were due to gas made by the water process, in which carbonic oxide existed in the proportion of about twenty-five to thirty per cent, whereas in ordinary coal gas, made after the old method, it existed in the proportion of only two to six per cent. The danger, therefore, from leakage, unburnt gas, etc., in the use of water gas, was apparently very great, and should be known more generally than it now was. Coal or naphtha gas was much safer.—*N. Y. Med. Jour.*

**MERE ASSERTIONS.**—Books and journals of therapeutics teem with assertions founded on evidence which true scientific investigators, such as those who are now so successfully exploring the unknown fields of physiology, clinical medicine, and pathology, would not look at.

**GELSEMIUM SEMPERVIRENS.**—Is gelsemium a useful and practical remedy for neuralgia? On this point we think medical opinion would be considerably divided. (*Med. Times and Gaz.*)

[Proved facts are certainly very limited concerning this drug; and it is sadly true that the same remark may be justly made concerning a vast number of our medicines.]

**YELLOW OXIDE OF MERCURY IN OPHTHALMIA.**—Dr. Jonathan Hutchinson says, since he has come to appreciate the value of yellow oxide-of-mercury ointment in the treatment of chronic inflammations of the eye, he has been able to abandon almost entirely the use of blisters, setons, and like painful measures.—*British Medical Journal.*

**MALPOSITION OF TOOTH.**—Dr. de Havilland Hall read to the Medical Society of London notes of the case of a girl, aged fifteen, in whom there existed in the right nostril a misplaced tooth, which turned out to be the right permanent canine.

**SIR WILLIAM MACCORMAC.**—We are glad to note the safe return of Sir William MacCormac from the United States. We gather from the American press, both lay and medical, that his visit has been a very agreeable one on both sides.

**SALVE.**—A tradesman having bought a door-mat with the word *salve* (welcome) in the center, a country relative, on seeing the mat, inquired, "I say, cousin John, what kind of salve is it that you advertise on your door-mat?"

**NO TIME FOR HISTORY.**—The Medical Times and Gazette says: History does not usually flourish in times of great activity. While discovery is progressing, men are looking forward too intently to find time for looking back.

**TRICHINOSIS** has broken out in another German town, Thorn, and fifty persons have been attacked by it. So much for eating uncooked pork! Ham and sausage are habitually eaten raw in Germany.

**A CANCEROUS liver**, weighing seventeen and a half pounds, is reported by Dr. Wertenbaker in the Virginia Medical Monthly.

**DR. ANGEL MONEY** is a member of the Pathological Society of London.



# The Louisville Medical News.

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H. A. COTTELL, M.D., - - - - - } Editors.

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## CARBOLIC ACID AS AN ANTIPYRETIC.

Some ten or twelve years ago carbolic acid was brought forward on theoretical grounds as a remedy for malarial affections, and, being put on trial by some of our clinicians, was soon set aside as a doubtful and dangerous drug for internal use. The acid at this time was prescribed in very small doses, and thus administered in malarial diseases was not followed by results sufficiently marked to bring it into favor with the profession. Being a corrosive and neurotic poison, unmanageable by ordinary means and without a chemical antidote, extreme caution in its administration was the part of wisdom with those who employed it; but further study has proved that it may be tolerated in larger doses, and whatever may be its efficacy in malaria, its power to reduce temperature and otherwise favorably influence the course of certain forms of continued fever now seems to be clearly demonstrated. Within the present year several articles have appeared reporting certain cases of typhoid and typho-malarial fever, in which the drug doses of five drops every three or four hours, or in smaller quantities repeated at shorter intervals, so as to obtain its full

constitutional effect, has produced a marked depression of the temperature curve, with favorable collateral results.

Among these may be mentioned a paper,\* read before the College of Physicians and Surgeons, by J. C. Wilson, M. D., Philadelphia, in which the author shows a record of sixteen cases of typhoid fever treated in hospital practice, the principal prescription being tincture of iodine two parts, carbolic acid one part. This was given in doses of one, two, or three drops every two or three hours during the day and night. The effect of this treatment was most satisfactory, the patients going into convalescence rapidly and making a complete recovery. But more remarkable than this is an article by Dr. John S. Lynch, in the transactions of the Medical and Chirurgical Faculty of the State of Maryland, for 1883, which seems to show clearly the therapeutic value of carbolic acid. This observer states that he has given carbolic acid in doses of five drops, with glycerine as a menstruum, every three or four hours, in every form of fever occurring in his practice during the last three years, and has found with but few exceptions that it promptly reduces the temperature. He cites two cases which are highly significant in this connection. In the one the patient had been suffering for several weeks with an obstinate malarial fever, which presented in its course certain typhoidal symptoms. The temperature ran high, and showed an afternoon and evening range of 103° and 105° Fahr., after a treatment lasting one week, in which from forty to sixty grains of quinine had been given daily. Following the administration of carbolic acid in this case, the next exacerbation showed a temperature of 102°. It subsequently fell to 101°, above which it never rose, convalescence being established within another week. The other was a case of erysipelas, following the ablation of a breast for tumor. The patient was treated with quinine, tincture of iron, and whisky for several days; but the temperature which was at first but moderately high

\*Louisville Medical News, Vol. XV, page 49.



ran up in a few days to  $105^{\circ}$ , the pulse being 120 per minute. Under the carbolic acid this temperature was reduced in thirty-six hours to  $103^{\circ}$ , but speedily mounted to  $107.5^{\circ}$  when the remedy was discontinued. On resuming the treatment the patient soon presented a morning temperature of  $99^{\circ}$ , with an evening registry of  $101^{\circ}$ , the curve reaching  $102.5^{\circ}$  once only in the subsequent history of the case. The patient made a rapid recovery. Further commenting on the good effects of carbolic acid, Dr. Lynch says:

"In enteric or typhoid fever, it seems especially applicable. Not only does it keep the temperature down nearly to the normal, but it seems to prevent diarrhea and tympanites, deprives the fecal discharges of the characteristic fetid smell, and prevents entirely the secondary fever which often protracts the disease through many weeks, the patient dying from exhaustion. When the carbolic-acid treatment has been early instituted, I have never seen the disease protracted beyond the eighteenth day, and generally it terminates on the fourteenth. In septicemic fever the acid seems to act with a certainty and an energy far superior to quinine. In the so-called hectic fever of phthisis, carbolic acid is very valuable. I have now several cases of this disease under treatment, and in all of them the temperature is kept down nearly to the normal by this drug."

The above are indeed most interesting observations, and not without promise of good results, through the application of the principles of the much-abused antiseptic doctrine to the treatment of zymotic diseases. It is true that the chief point noted as characteristic of the action of carbolic acid, thus exhibited, is reduction of temperature; but when the very high thermal range of nearly all zymotic affections is taken into account, it is probable that the remedy acts by destroying the specific cause, the reduction of temperature being but a secondary result.

While carbolic acid is the agent under special notice in this article, it should not be forgotten that similar effects seem to have been obtained from other antiseptic drugs. Iodine has for sometime been employed by the Germans as a "specific" in typhoid fever. Dr. Wilson, in the prescrip-

tion above quoted, gave it in combination with carbolic acid, and finally, the experience of not a few practitioners would seem to bear testimony to the value of salicylic and sulphurous acids in the treatment of the same disease.

The *modus operandi* of the so-called antizymotics when internally administered is of course a mooted question, but until the susceptibility of known specific organisms to the action of these agents is carefully studied, the argument against their germicidal power which is based upon their failure to destroy the common bacterium, except in concentrated solutions, is at least premature. Plants and animals of macroscopic dimensions differ widely in their powers of resistance to destructive agencies, while many of the microscopic forms of life are known to exhibit similar differences, and in view of these facts it is neither scientific nor logical to maintain that the delicate bacillus or micrococcus can not be destroyed by small doses of antiseptic drugs, because forsooth the hardy bacteria of putrefaction can shake their sides in a strong solution of iodine and swarm by the million in all manageable mixtures of carbolic acid.

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THE LOUISVILLE MEDICAL COLLEGE.—The leading medical journals of the country are publishing and severely commenting on the "beneficiary" letters with which this misguided school has flooded the land. In another column is published a letter, handed to us by its recipient. It needs no comment, for it speaks in trumpet tones—may we not say, without being unparliamentary, in strumpet tones.

Following the trumpet letter, is one shown us by Prof. Briggs, Dean of the University of Nashville, received last summer.

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MASSAGE.—Marvellous effects, it is believed, are produced by massage. Miss Lawney, whose card will be found among our advertisements, is recommended by Dr. Goodell, of Philadelphia, as mistress of the art.



## Bibliography.

### **Materia Medica for Physicians and Students.**

By John B. Biddle, M.D., late Professor of Materia Medica and General Therapeutics in Jefferson Medical College, Philadelphia. Ninth edition, revised, rewritten, and enlarged, in accordance with the sixth revision of the U. S. Pharmacopeia. By Clement Biddle, M.D., U. S. A. With numerous illustrations. Philadelphia: P. Blakiston Son & Co. 1883.

This work has so long been in the lead as a text-book for medical students, that it needs scarcely more than a passing notice at our hands. The many new remedies introduced since the issue of the eighth edition, with new views as to the action of medicines, and new schemes for a classification, called urgently for a new edition.

Some thirty new remedies have been added, and it is interesting to note that the greater number of these are vegetable substances.

The classification has been re-arranged to accord with the views of the subject now entertained by the best authorities, calabar bean, conium, cocculus indicus, and woorara, taking their place among the spinants, while the bromides are now classed with narcotics, and a new order, namely, antiseptics, has been added to the class of topical agents.

In considering the action of medicines, the physiological has been substituted for the empirical plan, which with the adoption of the new chemical nomenclature, forms the most important feature of the revision.

The editor has done his work in a praiseworthy manner, and the publishers issue the book in handsome style. Admirable in arrangement, rich in contents, and classic in diction, it will be many years before a book can be found worthy to supersede it in the estimation of the student in materia medica.

### **The Medical Record Visiting List, or Physician's Diary for 1884.** New York: Wm. Wood & Co.

This well-known publication, revised and improved for the new year, presents a royal appearance in its dress of Turkish Levant leather and gold.

The body of the book contains a visiting list for thirty patients a week, with ample space for charges, and a special column for figures, indexing the page of the patient's account in the ledger. This is followed by pages especially ruled for keeping a

record of consultation practice, obstetric engagements, obstetric practice, deaths, nurses addresses, and patient's addresses, with a department for cash accounts. The reading matter in the first part is excellent, presenting in a remarkably condensed form a great variety of useful information.

### **The Physician's Pocket Day-Book.** Good for thirteen months. Designed by G. Henri Leonard, M. A., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynecology in the Michigan College of Medicine, etc. Detroit, Mich: The Illustrated Medical Journal Company.

This day-book accommodates daily charges for twenty or forty families weekly; has a complete obstetrical record for ninety-four cases, and a monthly memoranda for Dr. and Cr. cash accounts. It is handsomely made, and well arranged, and must be popular, especially with physicians who wish to avoid the trouble of special book-keeping.

### **The Physician's Visiting List for 1884.** Thirty-third year of its publication: Lindsay & Blakiston.

If we are not mistaken, this is the father of all our American visiting lists. Be this as it may, no book of the kind has enjoyed a wider popularity. Among its new features for 1884 are a revision of its posological tables, bringing them into harmony with the new Pharmacopeia, a list of new remedies, Sylvester's method for artificial respiration, illustrated by two figures, and a diagram of the chest for ready use in diagnosis. It can be had with or without dates at the heads of the columns recording daily calls, the latter arrangement making it good until filled.

### **A HANDBOOK OF THERAPEUTICS.** By Sydney Ringer, M. D., Professor of the Principles and Practice of Medicine in University College; Physician to University College Hospital. Tenth edition. New York: William Wood & Co. 1883.

**A TREATISE ON DISEASES OF THE NERVOUS SYSTEM.** Vols. 1 and 2. By James Ross, M. D., LL.D., Fellow of the Royal College of Physicians, Lond., etc. Illustrated with lithographs, photographs, and three hundred and thirty wood-cuts. Second edition, revised and enlarged. New York: William Wood & Co. 1883.



**CLINICAL CHEMISTRY.** An account of the analysis of blood, urine, morbid products, etc., with an explanation of some of the chemical changes that occur in the body in disease. By Charles Henry Ralfe, M.A., M.D., Cantab. Fellow of the Royal College of Physicians, London; Assistant Physician at the London Hospital, etc. Illustrated with sixteen engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

**EPITOME OF SKIN DISEASES.** With formulæ for students and practitioners. By the late Tilbury Fox, M.D., F. R. C. P., and by T. Colcott Fox, M.D., M. R. C. P. Third American edition, revised and with additions. By T. Colcott Fox, B.A., Cantab., M. B., Lond., Physician for Diseases of the Skin to the Westminster Hospital; Physician to the Skin Departments of the Northwest London Hospital, etc. Philadelphia: Henry C. Lea's Son & Co. 1883.

istry do. It is an accurate though not much used method for the quantitative estimation of phosphoric acid. To make assurance doubly sure, I made a series of experiments on this subject in my laboratory. If a few drops of perchloride of iron is added to healthy urine free from mucus and albumen, a bulky, milky, flocculent precipitate at once falls. This precipitate changes to a dirty yellowish white color on standing. If the solution of perchloride of iron contains free acid, the precipitates will redissolve on heating or standing for a while. The precipitate was filtered, washed, and dissolved in acetic or muriatic acid; the acid solution was tested and found to contain both iron and phosphoric acid, in the proportions to form phosphate of the sesquioxide of iron. Similar results will be obtained by using the officinal tincture of chloride of iron.

J. B. MARVIN, M.D.

## Correspondence.

### CHLORIDE OF IRON AS A TEST FOR PHOSPHATES.

*Editors Louisville Medical News:*

In glancing over the last edition of Harley on "Diseases of the Liver," my attention was arrested by the foot-note on page 144. In speaking of testing urine for salicylic acid by perchloride of iron, the following statement occurs: . . . "This milky compound, which I have found forms in all normal human urine on the addition of perchloride of iron, is not due to the presence of either ordinary albumen or mucus. Although I have often seen it, I have never taken the trouble to analyze it, on account of time being to me nowadays a rather valuable commodity. Were I less occupied, I would investigate the point at once." It at once occurred to me that the precipitate was phosphate of iron. It seems strange that the author, who rather prides himself on making chemistry the chief corner-stone of his practice and teaching, should fail to recognize the compound. The merest tyro in analytical chemistry makes use of the fact that phosphates of the alkalies and alkaline earths (the forms which occur in urine) form insoluble compounds with solutions of perchloride of iron.

Though works on the urine fail to mention perchloride of iron as a test for phosphoric acid, still works on analytical chem-

## Selections.

**UTERINE MILK.**—A recent number of the *Zeitschrift für Geburtshilfe und Gynäkologie* contains an article by Dr. G. von Hoffmann, of Wiesbaden, in support of the doctrine advocated by Ercolani, and to a certain extent by Dr. Braxton Hicks, viz., that the fetal villi in the placenta do not float naked in the maternal blood, but are surrounded by cells whose function it is to secrete a special fluid serving for the nutrition of the fetus, and called uterine milk. (Medical Times and Gazette.) Dr. von Hoffmann believes that he has been able to extract this fluid from the human placenta. His method is simply this—he takes quite a fresh placenta, which has not been allowed to come in contact with water, and lays it with its maternal side uppermost. A cotyledon, the integrity of which has not been damaged, is then selected, and carefully dried with a sponge or towel, so that no blood adheres to it, and into it a capillary tube is then pressed, so that it may penetrate about one third or half an inch. The tube thus used pushes the villi aside and lies in the intervillal space. It is important in inserting the instrument to see that no blood-vessels are injured by it, lest blood be effused between the villi. When a capillary tube is employed in this manner it sucks up the fluid from the inter-villal space (*i.e.*, the uterine milk), which can then be collected and examined.



Dr. von Hoffmann has examined the fluid from about forty placentæ, some at term, others from cases of abortion at different months. Microscopically, he finds in it the following constituents: (1) Red blood-corpuscles of different sizes and depth of color, often, especially in placentæ of the earlier months, with little or no tendency to aggregate into rouleaux. (2) White corpuscles. (3) The chief structures contained are what the author calls "uterine milk globules, peculiar clear, round globules having a very thin, feebly refracting wall, on the average about as large as white corpuscles, but varying from a tenth of, to twice their size. These bodies precisely resemble those seen in "uterine milk" obtained from the placenta of the cow. (4) Clear watery intercellular fluid. The above-described "uterine milk globules" are present in such numbers that Dr. von Hoffmann calculates that each cubic millimeter of the fluid contains one hundred and eighty thousand to two hundred thousand of them. (5) There are also found free decidual cells and pigmentary molecules, granules, and flakes of different shapes and sizes, which our author regards as the products of the disintegration of red blood-corpuscles. Fluid such as this, Dr. von Hoffmann states, can be extracted from every healthy placenta; if it is wanting, the placenta is not healthy. He believes, moreover, that he has traced the mode of formation of these "uterine milk globules" from decidual cells, and the production of the large decidual cells from the many nucleated "giant cells" of the decidua.

Dr. von Hoffmann's views as to the physiology of fetal nutrition are summed up in the following propositions: (1) The general office of the decidua, both in animals and in man, is to supply the fetus during its intra-uterine life with a part of the nutritive material necessary for its growth. To fulfill this function the decidua serotina becomes a special milk-secreting organ, which, after the birth of the child, is expelled with and as an integral part of the placenta. (2) The secretion of this organ, the so-called uterine milk, is separated into gradually formed spaces, in which lie the placental tufts. Here the uterine milk is mixed with maternal blood, which is at the same time extravasated, and together with it forms the material for nutrition of the fetus, this material being only suited for absorption by the placental villi when these changes have taken place. (3) From the point of view of the comparative anatomist, it can no

longer be maintained that there is any essential difference in this respect between the placenta of man and the lower animals. Dr. von Hoffmann promises a further communication, in which he will elucidate the mode in which this uterine milk is absorbed by the placental tufts.

**MUSK.**—From the report of the German Consul-General in Shanghai. (New Remedies.) It is well known that in China every thing smells of musk. Both sexes are accustomed to carry it with them in little boxes and to keep it in their clothes-presses. While it is losing ground in European therapeutics, the cures attributed to it in China are very manifold, as may be supposed from their mythical nature.

When we consider that an export of 3,000 catties, each catty containing fifteen to twenty pouches of Yunnan, or twenty to thirty of Tonquin musk, means the sacrifice of no less than 60,000 musk deer, and this quantity has been reached several times of late years, and then if we add to this the consumption in China itself, which can scarcely be estimated, we see that it is not too much to fear the entire extirpation of this useful as well as graceful animal. The adulterations of this ware seem to be as ancient as the trade itself. Du Halde mentions it as being very common, and refers to pulverized rotten wood as one of the ingredients; and he also speaks of artificial pouches with which they avoided the law then in force against selling musk to foreigners. At present really pure musk scarcely comes in the market at all. Even the best chops do not contain more than fifty or sixty per cent of genuine substance, and on the average we must be satisfied with about thirty per cent.

The adulterants of musk are generally coagulated blood, a fatty earth (or ocher), paper, hair, pieces of leather, etc., which are introduced into the bags so skillfully as to require a sharp eye and years of experience to be able to detect it. It is not customary here to make any chemical test; the musk inspector takes out a little of the substance with a silver needle, notices its odor, and estimates its value. The pods or bags are immediately assorted according to the percentage of adulteration that he thinks he has discovered in it, and put in piles called 1, 2, and 3, for the European and American market, where this classification is frequently changed and others substituted.



Each pouch is then rapped in Chinese paper and put in a pasteboard box lined with lead, and covered with silk. Each of these boxes contains a catty of musk; they are finally put in a wooden box lined with zinc. These boxes are of different sizes according to the size of the chop to be packed. They are generally shipped by the mail steamers, being placed in the safe reserved for bullion and treasure. These precautions are necessary on account of the high price of the goods as well as liability to evaporation. The ships of the old East India Company are not allowed to take any musk on board.

The total export for the last five years was 25,664 catties, or 33,875 pounds, valued at \$2,728,800. The chief port of export is Tientsin; Shanghai and Canton export very little.

UNILATERAL RETINITIS ALBUMINURIA IN A PATIENT WITH BUT ONE KIDNEY.—Yver reports the following rare case in a Spaniard, aged forty-three, who had had most of the subjective and objective symptoms of parenchymatous nephritis, and in whom the right eye remained absolutely intact throughout the entire course of the disease. In the left eye there were the usual yellowish-white masses of exudation in the retina, beneath the vessels in the region of the macula, and between the latter and the disk. There were numerous punctate hemorrhages, and some larger extravasations. Vision was not much affected when the patient first came under observation, but subsequently was almost entirely lost. After he had been under treatment about six weeks, the vision improved almost to the normal standard, and there was a considerable diminution of the retinal exudation. He subsequently, however, grew very much worse, the vision was again nearly lost, and the patient died in about ten weeks from the time he first came under observation. At the autopsy the right kidney was found to be entirely absent, there being not a trace of kidney, artery, vein, or ureter, though the suprarenal capsule was present in its accustomed place, and was of normal size. The place ordinarily filled by the kidney was occupied by a portion of the right lobe of the liver, enormously hypertrophied. The left kidney was in its normal position, was considerably hypertrophied, and presented the characteristics of the large, white, parenchymatous nephritis.—*Boston Medical and Surgical Journal*.

POISONING FROM HANDLING THE VANILLA BEAN.—M. le Dr. Sayet gives an interesting communication to the Congress at Rouen on this subject, which is quoted by Dr. Genervix, in *La France Medicale*. The vanilla, as we know, is a fruit with its pod, that is smooth, of a brownish-black color, and contains a thick pulp, in which are scattered little globular grains. There are three varieties, according to the quality and size—the *primiera*, where the pod is twenty-four centimeters long, the *chica prima*, and the *basura*, where the pod is very small and the pulp is very fat. The vanilla owes its perfume to a volatile oil which crystallizes on the surface of the pod as white needles, which constitute the *givre*. The abundance of *givre* characterizes good vanilla, and the pods are enveloped in some fatty substance like the oil of cacao, to prevent the dissemination of these crystals.

M. le Dr. Sayet, having had occasion to inspect the storehouses of the city of Bordeaux, where at least twenty-five to thirty thousand kilograms of vanilla enter the port every year, noted certain symptoms which, grouped together, constitute "*vanillism*." In these places the pods are cleansed, picked over, and classified according to their quality; and these manipulations produce the following symptoms among those conducting the work:

An itching of the face and hands, accompanied with a brisk smarting; the skin is covered with a pruriginous eruption, swells, reddens, and desquamates in a few days. At other times there is a sense of general discomfort, with dizziness, weariness, and muscular pains, which necessitates a suspension of work. The cutaneous affection is caused by an acarus, which has a small white body, rounded and found generally at the extremities of the pod. It does not penetrate beneath the skin, but produces prurigo by contact, and its action is increased by the influence of the *givre*, an irritating substance which aids in the development of the erythema. The nervous affections are most common among the workers of the inferior quality, and may be due to the oily juice which envelopes the grains in the interior of the husk.—*Journal of the American Medical Association*.

THE "LONGINGS" OF PREGNANCY.—Dr. Forrester remarked that he was surprised to find that Lusk, in his *Midwifery*, observes: "The consuming desire for unwonted articles of food, which is customarily



termed 'longings,' I have never yet witnessed, and am tempted to regard as, in a measure, mythical." He therefore reported the case of Mrs. T., who had an uncontrollable desire for uncooked starch. Mrs. T., thirty-eight years of age, was married when fifteen years of age, and fifteen months later gave birth to her first child. She has since been delivered of six living children, and had two miscarriages. When about three months pregnant with her sixth child, who was born November, 1867, she commenced to eat dry corn starch, at first only in small quantities, but at the time of confinement she was using four one-pound packages a week. After delivery she gave up corn starch for common starch, the use of which she continues to the present time. The daily amount varies, the better she is the more she eats. Her general health has been fair, and has not suffered from any intestinal disturbance excepting slight irregularity of the bowels.—*Boston Medical and Surgical Journal*.

THE SUB-UNGUEAL PULSE.—Dr. Henri Gripat in 1873 noted a case of sub-ungueal pulse, which is considered as the first time that this phenomenon has been observed. Dr. Gripat tells us (*La France Medicale*) that he has never been able since to observe a second case, but he gives the notes of the case cited. It occurred in a young patient suffering from rheumatism of long standing, having an old aortic insufficiency, with hypertrophy and anemia during an attack of subacute rheumatism. The pulse was regular, bounding, depressible; and could readily be seen in the arteries of middle size, as the temporal, radial, tibial, and collaterals of the fingers. On raising the fingers a little, while the hand remained flat on the bed, the blood could be seen passing briskly under the nail and coloring it red; this color disappeared almost immediately and the nail became white in its center, remaining red only at its periphery. The coloration was transient, intermittent, pulsatile, and systolic. *Journal American Medical Association*.

A CASE OF CHROMIDROSIS.—F. Duffy, M. D., of Newberne, N. C., reports a case of this affection in the November number of the N. Carolina Medical Journal. A negro, aged sixty-five years, consulted Dr. D. on account of the red-colored perspiration which had occurred occasionally during nine months. The doctor continues: Although I had before seen two cases of red-

dish exudation from the skin—one unilateral, chiefly in the right arm-pit, and the other about the groin—I had never seen so well marked a case in the brightness of the red and the extent of the perspiring surface.

I was disposed to question its genuineness, but repeated observations and cross-examinations led me to believe the old man's statements. Recently, not being expected by him, I went to his house—found him wearing a blue checked shirt, the collar of which was distinctly stained red. He said, with the exception of the stains which I saw he had not had any colored perspiration in several weeks. A close examination showed the stains to be chiefly on the right side.

My first knowledge of this patient was six months ago, when he consulted me on account of partial loss of vision with fever, pain in the eyes and around the orbit. His vision was O. D. 10-30, O. S. 10-30X. Glaucoma was suspected, but tension was not sensibly increased. Ophthalmoscopic examination showed the refracting media to be clear. The results of the examination were chiefly negative. There is a slight appearance of atrophy of the nerve. He improved while taking full doses of quinine, bromide of sodium and fluid extract of gelsemium. Fever and pains disappeared, but there was very little change in vision.

During the past five years this man has been subject to seizures which I think are of an epileptic character. He says, on one occasion while in his workshop, every thing seemed very suddenly to turn upside down.

His daughter describes a sort of convulsive attack which he has at night while asleep, and which I take to be a mild form of epilepsy. These facts are stated to establish the probable neurotic origin of the chromidrosis. He complains of great languor when the sweats occur. He was treated with free doses of bromide of sodium followed with Fellows's syrup hypophosphites, under which he has improved.

[We have encountered but one case of red perspiration. This was general, but most decided on the upper portions of the body. The patient was a delicate hysterical young woman given to severe nervous attacks. The various chromidrosis and other dyshidriæ are supposed to be neurotic.]

A CASE of fetus retained in utero six months after labor at full term is reported by W. Peyre Porcher, M. D., of Charleston, in the North Carolina Journal of November.



"I saw her the first week in October, and found her extremely emaciated, and a terrible fetor in the room; examination showed a portion of one limb, the femur, presenting. The nurse stated that bones had been discharged per rectum with her feces. The patient's strength was so exhausted that repeated doses of whisky were required. Having a pair of bullet-forceps we introduced them into the os and dilated it as much as possible; then grasping the presenting thigh with a pair of shoemaker's pincers, which was the only instrument in reach that would retain any hold, it was drawn down into the vagina and a stout piece of cord attached. The fetus was delivered with the greatest difficulty, as it was in an advanced state of putrefaction, the flesh giving away as soon as seized, so as to compel its removal almost piecemeal. The fetor was overpowering. A dose of oil and brandy was administered, and the patient expressed herself comfortable. On visiting her the following day, she had rallied completely. The oil had acted well; the feces had passed both through the rectum and the vagina, proving the existence of a recto-vaginal, or recto-uterine fistula, and accounting for the discharge of the bones of the foot and leg. I supposed it to be a recto-uterine fistula, because, had the bones entered the vagina at all they would naturally have passed out at the vulva. The presentation appears to have been that of a knee, the bones below the knee having separated and worked their way through as stated above. We found no placenta, it was probably decomposed and thrown off. I could never learn definitely of the after-treatment, but the fistula healed completely, and she made a good recovery, fully regaining her strength and weight. She walked three miles, three months afterward, to bring me a present."

**INFLAMMATION OF THE EAR AND TONSIL IN CONNECTION WITH RHEUMATISM.**—Dr. John C. Thorowgood writes, to the Medical Times and Gazette: I have often remarked the frequency with which chronic rheumatism is associated with inflammation about the auditory meatus. Those who consult the physician on account of rheumatic pain nearly always have some impairment of hearing; and when the ear is examined, the patient will be found wearing a plug of wool to protect the organ from cold. The rheumatic irritation appears to affect the meatus, causing often a hot, burning feeling therein, with increased secretion, and blocking the

passage with lumps of cerumen. The membrana tympani, the internal ear, and the Eustachian tubes participate; and often these last become obstructed, so that no air will pass through them into the cavity of the tympanum.

Of severe tonsillitis as a precursor of acute rheumatism I have recently had a marked example. The efficacy of preparations of guaiacum in curing some forms of sore throat and tonsillitis may be taken as an additional proof of the rheumatic nature of these maladies. The ear trouble fairly established is obstinate and not soon cured. Hence the wisdom of the following bit of advice: "Enfoncez bien votre bonnet jusque sur vos oreilles; il n'y a rien qui enrhumetant que déprendre l'air par les oreilles," is the advice of "Béline" to "M. Argan" in the *Malade Imaginaire*.

[These remarks of Dr. Thorowgood are of great practical interest, but the practice of quoting from foreign languages without translation is indefensible. The passage may be read thus: "Pull your cap well down upon your ears; there is nothing that gives cold like wind (déprendre l'air) in the ears." In the olden time, when to be learned meant to be a linguist, and when doctors were, in this sense, always learned men, quotations from foreign languages in native dress were both fashionable and proper in medical articles. To-day it is otherwise, and the author who indulges in this sort of pedantry will, in so far as the quotations go, fail to reach the understanding of the majority of his readers.]

**TREATMENT OF EXOPHTHALMIC GOITRE.** From an experience of upward of seventy cases, and fortified by the unanimous observations of Von Dusch, Eulenburg, Meyer, Erb, and others, Dr. Chvostek is led to regard the rational employment of galvanism as the most important part of the treatment of Basedow's disease. He recommends the following method to be pursued: (1) the ascending constant current applied to the cervical sympathetic, on each side, for at the most one minute; (2) the same to the spinal cord (the anode at about the fifth dorsal spine, the cathode high up in the cervical region); (3) through the occiput (one pole at each mastoid process), and in certain cases also through the temples, a constant current, for at the longest one minute, and so weak that the patient can feel but the slightest sensation of burning. Sometimes also local galvanization of the



thyroid gland with a weak constant current for about four minutes, the current to be reversed at the end of each minute. The applications should be made every day if possible. As a rule very good results were obtained, even in the most severe cases a cure or marked improvement being recorded. In three cases death resulted from excessive anemia or complications. — *Centralbl. für klin. Med.; Practitioner.*

FROM an Address on Collective Investigation of Disease, by Dr. Samuel Wilks, F. R. S., Physician to Guy's Hospital, in the *British Medical Journal*, we excerpt the following: In the matter of therapeutics, also, much good might be done. It would be very interesting to ascertain in what way many diseases are treated throughout the country. The best men in the profession have not yet discovered any laws to guide them; they can do no more than recommend certain remedies under certain conditions. The consequence of this is that the same diseases, or exactly similar cases, receive very different treatment at the hands of medical practitioners. Take the case of pneumonia. This is one of the diseases regarding which I am very frequently called into consultation. I therefore have had an opportunity of watching the different modes of treatment, and am astonished at the utter want of method or system which I see adopted. Hot applications are used by some, and ignored by others; blisters at once applied by some, deprecated by others. The old remedy, antimony, still considered most valuable by a few medical men, is utterly abolished by others from their prescriptions as dangerously depressing. Again, opium in pneumonia is regarded by some as a true antiphlogistic remedy, by others it is looked upon as most hazardous in all acute affections of the chest. One practitioner adopts a lowering treatment by active drugs, while another pours in ammonia and brandy. Then I constantly find special drugs given, such as aconite and digitalis. What is the experience of the profession of these drugs in this disease? I should much like to get a response from every man in England to the question, How do you treat pneumonia? What is the best accepted treatment in typhoid fever, scarlatina, or measles? What is the opinion of the profession about local treatment in diphtheria? We also want information as to the value of particular drugs in various diseases, such as aconite in sore throat. I think it would be

interesting to know, also, from general practitioners, on what drugs they most rely, and to have a list of all the medicines they use; also the remedies outside the Pharmacopeia which they regard as sufficiently valuable to be made officinal. On these and many other points, a collection of facts derived from the general practitioner would be of essential service. I am sure that, in many good and valuable treatises on medicine, there is great room for more information on the slighter ailments which are daily coming under the notice of medical men.

ACUTE INTUSSUSCEPTION SUCCESSFULLY TREATED BY INJECTION OF AIR AND INVERSION.—Mr. M. G. Biggs, of London, writes, in the *British Medical Journal*: A little girl, three or four years old, ill for about forty-eight hours with vomiting and diarrhea. She was very pale and prostrated. Her symptoms came on suddenly, and consisted of constant vomiting. No nourishment could be retained. She had tenesmus, with continuous discharge of bloody mucus, and no stool passed since the commencement of the illness. Examination of the abdomen revealed no tumor; but, on introducing the finger into the rectum, the usual sausage-shaped tumor was distinctly felt.

Having nothing at hand but a Higginson's syringe, I attempted to inflate the bowel with this, but did not meet with much success, as the air kept escaping. I therefore suddenly raised the child by the heels, and kept her inverted for a moment. Examination per rectum immediately afterward could detect nothing abnormal, the previous tumor having disappeared.

The next day the mother informed me the child had been quite well ever since I left; had eaten and retained the food; and that all the symptoms had been in abeyance ever since what she called "the operation." The child is now quite well, some months after the illness recorded above.

The diagnosis is made quite certain by the peculiar grouping of the symptoms. The sudden onset, tenesmus with bloody mucus, vomiting, no passage of stool, the general state of prostration, the discovery of a tumor per rectum, the sudden and entire disappearance of urgent symptoms and complete cure after insufflation and inversion, point conclusively to intussusception as the cause.

[Dr. Heustace, of Mobile, Ala., relieved an obstinate case of intussusception a year or so ago by introducing into the rectum a rubber tube, the other end of the tube being



attached to a seltzer or soda syphon. Two bottles were used, if our memory is not at fault.]

FURTHER NOTES ON THE USE OF HAMAMELIS IN THE TREATMENT OF VARICOSE VEINS.—Dr. J. H. Musser, before the Philadelphia County Medical Society: Some time ago the writer called the attention of the profession to the use of hamamelis in the treatment of varicose veins and their sequences. (N. Y. Med. Jour.) Since then numerous inquiries have been made of him concerning this drug, and several cases have been reported to him of its use. It has, therefore, been deemed advisable to again refer to this plan of treatment in order to instigate further investigation by the profession, so that the exact value of the drug in this disease may be determined. In the first place, to determine this question, it is important to know whether the beneficial results of the treatment of the cases previously reported were permanent or not.

The three cases noted in full in this paper have been under my observation ever since that time. The first two may be dismissed at once by saying that neither of the patients has had any return of the varicose veins or of any symptoms of them. Regarding the third, who was to be present to-night, it will be remembered that, on account of severity of symptoms, he was unable to work for nine months prior to having taken the medicine, and for three months of that time he was treated in a hospital by rest, pressure, etc. He returned to work two months after beginning the hamamelis, and has continued at his laborious occupation ever since. In answer to a summons, he presented himself two weeks ago. He had not taken any medicine for ten months. There was no return of any one symptom of his disease, save the varicosity noted below and slight edema of the left leg. The tissues, however, readily take on ulcerative action, for every time a stone fell against his leg an ulcer formed, with this difference from formerly, that it healed rapidly. On examination, two inches below the knee, on the inner aspect of the leg, a congeries of veins is found. They are not painful, returned during the past month, and have given him no trouble. The edema of the ankle is not marked. There is a small healing ulcer on the right leg, which was caused by a stone falling on the leg a month ago. Both extremities are very cold, on account of which he wears heavy stockings and woolen mate-

rial—articles that were unbearable one year ago. When the past sufferings of this man are compared with the comfort and usefulness of the past year, in view of the previous systematic treatment of him, it can scarcely be gainsaid that hamamelis is of value in varicose disease.

CONSUMPTION AS A PREVENTABLE DISEASE.—The New York Medical Journal thus comments on a paper read at the last meeting of the Medical Society of the county of Albany:

It is of Dr. Curtis's remarks on the causes of consumption that we shall try to give a tolerably full summary, as the subject is one about which a good deal of uncertainty is felt in the profession at present. This unsettled state of opinion Dr. Curtis contrasted with the satisfaction with which Louis's conclusions were accepted some years ago. He thought it safe to say that the facts were not all in yet, and that, until they were, it was just as well to maintain an attitude of doubt with regard to the diathesis theory, the inflammation theory, and the specific-germ theory. Coinciding in a general way with Dr. Bowditch's opinion that most cases of consumption arose from local causes—"damp grounds, wet cellars, and sloughs and undrained premises, as well as want of sunlight and good food"—Dr. Curtis would add to these the inhalation of air contaminated with sewer-gas and decomposing organic matter. Even granting that there was a specific germ, it was considered certain that under the influence of these factors the disease flourished most readily, and a specific germ could not, therefore, be taken as its only cause. There were other environments, favoring lowered vitality, which operated in like manner. An interesting statement was quoted from the Popular Science Monthly, to the effect that among animals in the wild state consumption was much more prevalent than among those in captivity, the writer attributing the fact to exposure and to the impossibility of the beasts' escaping in their lairs from the effects of violent storms. The danger to a delicate person, inheriting pulmonary weakness, of contracting the disease was much enhanced, Dr. Curtis continued, by the presence of air contaminated from a sewer.

In looking to the proper condition of a house in which a consumptive was to spend the winter, he would look to the drains and the cleanliness of the cellar and the living-rooms before he would consider dampness



and want of sunlight, as suggested by Dr. Bowditch. In so far as these unhygienic surroundings admitted of remedy, consumption was preventable.

**POSTURES INDICATIVE OF MENTAL STATES.** Dr. Francis Warner read a paper (Medical Society of London) on Postures Indicative of the Condition of the Mind, as illustrated in works of art, of which the following is an abstract. (Lancet.) A posture may be defined as the relative position of the members. Postures, being the results of the last movements, are indications of the mere mechanism which produces such movements. Positions of the parts of the body resulting from the action of opposing muscles, as seen in the limbs and face, may be called postures of these parts. The results of movement produced by the brain in various mental conditions may be thus studied; the positions being looked upon as the motor action accompanying that kind of brain action which is called mentation. In making clinical observations, children in various nervous conditions were the principal subjects; subsequently similar postures were seen in statues and other art works. The "nervous hand" of a neurotic child presents the wrist drooped, the metacarpo-phalangeal joints hyper-extended, the fingers slightly bent, the thumb drawn backward—such a posture is seen in either hand of the Venus de Medicis. In the Diana of the British Museum is the representation of a strong woman, and the free hand is in an exactly antithetical posture to that of the Venus, wrist extended, fingers and thumbs flexed. This posture is often seen in energetic conditions of the mind—*i. e.*, it is a common motor outcome of that brain condition whose mental state is called "energy." It is not thought that such facts are accounted for by assuming that they are due to heredity; inquiry and experiment are necessary to explain the causation of spontaneous postures. The Cain of the Petti Gallery, Florence, was cited as giving the posture of a hand in flight. Here, as in the Venus, both hands are in a similar posture, indicating a similar condition of both cerebral hemispheres. Symmetry of postures is often observed in clinical experience; on the other hand, it is very common to observe the "nervous hand" on the left side only. In the Dying Gladiator an example is seen of postures due to organic conditions; the urgent dyspnea here determines the postures, not the

action of the brain. In the statue of Hercules at rest, gravity determines the posture of the arms. From an examination of many works of art, the conclusion may be drawn that frequently artists do not consider it necessary to represent the mind of their subjects by an exhibition of nerve-muscle action, but trust chiefly to physiognomy in the representation of the outline, form, color, and texture of the face and body.

**PULMONARY SEDATIVES.**—These measures deserve a special name. The depressants of the afferent branches of the vagus to the brain, such as opium, ether, chloroform, etc., act as antispasmodics and muscular depressants, *i. e.*, prevent bronchial spasm, widen the tubes, arrest cough, and prevent or relieve pain and other distressing sensations referred to the respiratory organs. The most rational kind of pulmonary sedatives, however, are the expectorants above enumerated, when the cause of the distress can be removed. A combination of the two classes will manifestly answer best in most instances.—*Dr. J. Mitchell Bruce, in the Practitioner.*

**NEVUS TREATED SUCCESSFULLY BY LOCAL APPLICATION OF LIQUOR ARSENICALIS.**—Mr. W. J. Beatty, L.R.C.P., writes to the British Medical Journal: In my hands it has succeeded admirably, my last eight cases having been cured perfectly and painlessly by the local application of this remedy. The preparation I use is the ordinary liquor arsenicalis of the Pharmacopeia, with which the nevus is to be painted night and morning until ulceration takes place; and I find that the cure is effected in from three to five weeks.

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#### ARMY MEDICAL INTELLIGENCE.

**OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U.S. A., from December 1, 1883, to December 8, 1883.**

*Carter, W. F.*, Captain and Assistant Surgeon, relieved from duty at Washington Barracks, D.C., to take effect at the expiration of his present leave of absence, and assigned to duty at Little Rock Barracks, Arkansas. (Par. 4, S.O. 224, Department of the East, November 30, 1883.) *Shufeldt, R. W.*, Captain and Assistant Surgeon, now on sick leave, relieved from duty at Jackson Barracks, New Orleans, La. (Par. 3, S.O. 224, Department of the East, November 30, 1883.) *Richard, Charles*, First Lieutenant and Assistant Surgeon, assigned to duty at Jackson Barracks, New Orleans, La. (Par. 2, S.O. 224, Department of the East, November 30, 1883.)



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÄ."

SATURDAY, DECEMBER 22, 1883.

Original.

FISTULA IN ANO.

BY J. M. MATHEWS, M. D.

*Professor of Surgical Pathology and Diseases of the Rectum, Kentucky School of Medicine; Vice-President of the Mississippi Valley Medical Association.*

The article entitled "New Mode of Treatment of Fistula in Ano," by John Roche, M. D., Kingstown, which was kindly sent to me, deserves more than a passing notice. The mode, in the language of the author, is as follows:

But this will be universally acceded to, that if the feces could be taken away by a large catheter retained in the rectum, or passed up above the internal sphincter as evacuation would be required, the practice would have been resorted to most assuredly, ere this time, from the analogy that would suggest itself between complete fistula in ano and perineal fistula, urethral or vesical. Now, to bring fistula in ano and its circumstances as near as possible to those of the urethra would be a rational demand on the surgeon. Well, pondering on this, for the first cases that presented themselves I advised that the bowels should be kept gently open by sulphur and senna-electuary, a teaspoonful every night, thus keeping the contents semi-fluid, so that they might pass easily and quickly through the end of the gut, and in imitation of the action of the catheter elsewhere. I enjoined that, at each stool the patient should throw into the bowel some tepid water in which was a little soap dissolved, and, when the sitting was completed, that the end of the bowel should be well washed with the same fluid.

I have long since learned that men do not believe all they write. It would be doing this author justice, I imagine, to say that he belongs to this class. He is a retired surgeon, Bombay medical service, and acting professor of anatomy at Bombay, civil surgeon, Hyderabad, Scinde. That any surgeon, or any acting professor of anatomy, be he of Bombay or of Central Africa, can believe such things as to the treatment of

fistula in ano as are here written, I *do not* believe.

The author remarks:

I was frequently impressed, while a student, with the annoyance which attends the complaint and the unsatisfactory results which accompany its treatment. Injections of solutions of tr. of iodine, of sulph. zinc, and of nitrate of silver, have more often failed than been successful in effecting a cure. Cutting the sphincter has, in fact, been the resource of all surgeons, and the operation has been recommended almost universally.

Injections of all such solutions as are here named were long ago condemned by the profession, and are to-day obsolete. Hence any reference to them can play no part in this article. That the complaint is annoying no one will dispute, but that the results which accompany the treatment are unsatisfactory, I deny. Uncomplicated cases of fistula in ano yield more satisfactorily to surgical treatment than almost any other affection demanding surgical interference. I am borne out in this assertion by every author who has written upon the subject. That the injections referred to have failed to cure the disease, is due to the fact that the pathology of the trouble has not been considered. For the same reason will this new mode (?) of treatment not avail. *It is true*, that dividing the sphincter has, in fact, been the resource of all surgeons, and the operation has been almost universally recommended. The reason for this is that the procedure is based upon sound pathological facts, and can not be controverted.

Following the operation, says the author, I have seen severe hemorrhage from the superficial hemorrhoidal vessels, and I saw a man throw himself off the operating table, as the pain was so intense and the parts cut so sensitive. The inconvenience of giving anesthetics is well recognized.

After an experience of operating over one hundred times for fistula in ano, I have not found it necessary to ligate a vessel but once. It is true that hemorrhage is



sometimes severe, but seldom is it dangerous. Granting that it is excessive, is a surgeon to neglect his duty because, forsooth, he may cut a blood-vessel? The author says he saw a man throw himself off the table. Well, the patient was very, very naughty, or the surgeon was derelict in his duty, in that he did not administer chloroform. But, says the author, "The inconvenience of giving anesthetics is well recognized." Not so in America. It is quite convenient, but the *danger* of so doing is quite another thing. As he has not touched upon this point, however, we shall be excused from mentioning it.

It occurred to me that the laying open of the fistula into the gut and cutting the sphincter, is a painful, unsatisfactory, and in most instances an unnecessary operation. I have never heard it advocated that in perineal fistula from the urethra, or from the bladder, the accelerator urinæ muscle, or the sphincter vesicæ, in these respective cases, was any impediment to healing.

That the cutting of the sphincter muscle is painful I don't suppose any one will deny. So too is the cutting of a bone-felon, or the lancing of a boil. Nevertheless it is often necessary. To the assertion that the operation is unsatisfactory, and in many instances unnecessary, every surgeon outside of Bombay will take issue. What the analogy is between a case of perineal fistula and fistula in ano I fail to see. Look to the pathology of the two. Fistula in ano is the result of an ulcer which has established itself in the region of the anus as a result of ordinary causes, as for example, the lodgment of a fish-bone, etc. An abscess supervenes and a sinus is established. Now, if this state of things were to exist in any other region (as it often does), by the removal of the cause the disease gets well. Not so here, however. The sinus refuses to heal, going on to a state of *can a lisés*, as the French would say. The walls are hard, cartilage-like, and this condition extends to the tissues around. The small vessels in the parts can not contract. From time immemorial the question has been asked, why do these sinuses refuse to heal? The question is easily answered when the pathology is understood. It is, as Van Buren says, because of the *restless sphincter muscle*. Note its expansion and contraction at every effort at stool. How are you to overcome this restlessness? There can be but one answer, viz., divide the sphincter. It is *not* painful (under chloroform), it is *not* barbarous, it is *not* unnecessary. Will the washing out of the lower bowel, or the

wearing of a "tin horn" in the anus accomplish this?

As to *urinary* fistula, they are usually the result of a *stricture* in the urethra. The writer says:

The whole attention and confident hope of the surgeon are directed to prevent the irritating excretion, the urine, passing and lodging about the passages.

Just so. But how is this accomplished? First, by doing away with the *cause*, the stricture, by dilatation; unless this be done there can be no possible chance for a cure of the fistula. Suppose then that the cause of fistula in ano is stricture of the bowel, how are we to proceed? Do away with the *stricture*. But suppose the stricture is due to cancer, or syphilitic deposit, will washing out the bowel or the "tin tube" accomplish a cure? I opine not. Then, again, what is to be done with those cases of *external* fistula, that have no *internal* opening, no feces can get into them. Above all, the surgeon recognizes that the *chief* impediment to the healing process is the hard, cartilage-like condition of the walls of the sinus. I bespeak the sentiments of every one at all familiar with the disease, when I say that in the majority of cases, nothing less than the *division* of the sphincter *and of the walls* can effect a cure. The new mode may be practiced by the acting professor of anatomy at Bombay, civil surgeon, Hyderabad, Scinde, but that it will ever obtain in the United States, I do not believe.

LOUISVILLE.

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## Miscellany.

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THE GENTLE JOURNALIST.—Dr. John J. Mulheron, editor of the Medical Age, of Detroit, thus pays his last tribute of disrespect to the late editor of the Louisville Medical Herald: "That excrescence on reputable journalism in this country, Dudley S. Reynolds, of the Louisville Medical Herald, has finally sloughed off,\* and he graces (?) the columns of the Louisville Medical Herald with his valedictory. He closes a column of his characteristic bathos with the following: 'Patrons, friends, brethren, adieu! May the God of destiny guide us aright, and giving us courage of our convictions, endow us with the power to give them adequate expression.' This sounds a little like his infliction on his readers on the eve of his last marriage. There never was



any excuse for this creature's presence in the ranks, and that he has been forced through circumstances to retire, is but another instance of poetic justice. He asks his worst enemies (and he is sure he has some) to give him credit for having been entirely independent. His independence has been the independence of the bully, and without a single redeeming feature. We trust the Medical Herald may now be committed to reputable hands."

In times past Dr. M. and Dr. R. were wont to write hardly of one another. Though no longer editor of the Herald, Dr. Reynolds is not dead nor sleeping, and we opine that he will make himself heard in reply, in the Herald, since he is neither idle nor timid with his pen, and the publishers of the Herald say in its latest issue, "Dr. Reynolds has long been known favorably to the profession as an editor, and in retiring from the editorial chair, does not intend to sink into oblivion as a medical writer, but, on the contrary, will still continue as a frequent and valuable contributor to the pages of this journal. We hope and trust our readers will, in the future as in the past, be still instructed and edified by the productions of his pen."

ON PERSONAL PRECAUTIONS THAT MAY BE ADOPTED BY MEDICAL MEN WHILE ATTENDING CASES OF INFECTIOUS DISEASE. Dr. Charles Green makes these suggestions in the Lancet. We hope the outside world may not see them. We might lose some of our best patients by death from justifiable excessive laughter. Dr. Green is outrageously absurd:

1. Always have the window opened before entering the patient's room or ward.
2. Never stand between the patient and the fire, but always between him and the open window.
3. If possible, change your coat before entering the room.
4. Do not go in for unnecessary auscultation or other physical examination.
5. Stay as short time as possible in the room.
6. Never, while in the room, swallow any saliva.
7. After leaving the sick-room, wash the hands with water containing an antiseptic.
8. Rinse the mouth with diluted "toilet Sanitas" or Condy's fluid, also gargle the throat with it, and bathe the eyes, mouth and nostrils.
9. Expectorate and blow the nose immediately on leaving the sick-room.

10. Keep up the general health by good food, exercise, and temperance.

11. In addition to the above recommendations, which are all pretty generally known, I would suggest another, which is, in my opinion, the most important of all. This is to filter all the air you breathe while in the sick-room or ward through an antiseptic medium. My method is to use a McKenzie's inhaler over the nose and mouth. I carefully soak the sponge in a strong solution of carbolic acid before entering the sick-room. It is so made that all the air breathed must necessarily come through this sponge, and the expired air is emitted by a valve action at another place. The only objection is the unsightly appearance one has with the inhaler. This objection is, however, a very slight one.

A REMOTE DANGER OF ELECTRIC LIGHTING.—The English medical journals have recently noticed the constant menace to life and health offered by the net-work of telegraphic, telephonic, and other electro-phoric wires overhead in the streets; public attention having been pointedly directed to the danger by an accident occasioned by the breaking of a wire, which in its fall seriously injured a lady.

In a New York journal (*The Nation*, November 29) is an account of an accident that might easily have been even more disastrous in its consequences. On one of the avenues, a few evenings since, one of the heavy insulated wires belonging to the electric light system, by some means fell to the ground across the roadway. A horse stepping upon it, there was a momentary flash of light, the horse fell dead, and all the lights on the avenue were extinguished. The account goes on to say that a second horse trod upon the broken wire, and he also fell dead. The streets were cleared by the police, and the wire was soon repaired. The possibility of such an accident happening to a pedestrian is a strong argument in favor of the underground system of conducting the wires; more especially since the experiments upon it in this city, not long ago, fully demonstrated the practicability of this method, which is now being introduced in our principal streets.—*Medical Times*.

ENGLISH STUDENTS.—A correspondent of the St. Louis Courier of Medicine writes from London: All of the London schools opened in October, with a greater number of students than ever before. Saint



Batholomew has the largest number, probably six hundred; Saint Thomas's and Guy's have each about four hundred students.

As a general thing the term was opened by a lecture, not necessarily from a member of the faculty, but as a rule from some one outside the regular teaching corps. I was at the opening lecture at St. Thomas's Hospital by Mr. F. Le Gross Clark, F.R.S., who was at one time connected with the hospital. There was really nothing very original about the lecture, being all couched under the idea of "good advice to students." I could not but notice the conduct of the students. To say it was disgraceful would not half express it. It was either cheering or hissing, or yelling, or stamping, all the time, and quite often a combination of the whole. They called themselves "gentlemen," I suppose, but "rowdies" would be much nearer to the true character. Guy's opened in the evening with a *conversazione*, because—as I afterward found out—the attendants at the opening lectures had become so outrageously noisy and disgraceful that at the last one the lecturer and those on the platform with him were absolutely driven out of the hall.

**DANGERS OF PHOTOGRAPHY.**—Dr. Napias (*Gaz. Med. de Paris*) gives an account of an amblyopia and a form of cramp, similar to writer's cramp, which happen to those engaged in the preparation of photographic plates. These observations are confirmed by MM. Duchesne and Meichel, who furnish new facts.

There may occur poisoning by the vapor of hydrocyanic acid, which is formed by the decomposition of cyanide of potassium by bichromate of potassium. Nervous phenomena may result from the breathing of an atmosphere in a dark room without oxygen, this necessary element being taken up by pyrogallic acid when in contact with the alkali, ammonia. If to this loss of oxygen be added the vapor of ammonia, it is not surprising that such an atmosphere must, if long breathed, damage the blood, and cause a more or less profound anemia with its attendant symptoms.

In the preparation of the plates by the gelatine-bromide-of-silver process, every ray of sunlight must be excluded, and the operator pursue his work by the aid of a feeble illumination afforded by the red-ray lantern. Besides the foul air thus caused, the narrow and gloomy apartment is filled with the vapor of ether. Unless great care in the

ventilation is practiced, the necessary detention in the dark-room proves very hurtful. *Medical News.*

**THE USEFUL BUT SINFUL CYPRIAN.**—Mr. Lecky, in his "History of European Morals," writing of the causes of prostitution, says: "Under these circumstances, there has arisen in society a figure which is certainly the most mournful, and in some respects the most awful, upon which the eye of the moralist can dwell. That unhappy being whose very name is a shame to speak; who counterfeits with a cold heart the transports of affection, and submits herself as the passive instrument of lust; who is scorned and insulted as the vilest of her sex, and doomed for the most part to disease and abject wretchedness and an early death, appears in every age as the perpetual symbol of the degradation and the sinfulness of man. Herself the supreme type of vice, she is ultimately the most efficient guardian of virtue. But for her, the unchallenged purity of countless happy homes would be polluted, and not a few who, in the pride of their untampered chastity, think of her with an indignant shudder, would have known the agony of remorse and of despair. On that one degraded and ignoble form are concentrated the passions that might have filled the world with shame. She remains, while civilizations rise and fall, the eternal priestess of humanity, blasted for the sins of the people."

**COLORLESS IODINE.**—Dr. Percy Boulton says, in the *Lancet*: Put into an open vessel a dram of tincture of iodine and six ounces of hot water; add twelve grains of phenol and stir with a glass rod, when the solution will be at once bleached. Hot water is necessary, as phenol is not perfectly soluble in cold, and for this reason I do not advise the making of more concentrated solutions. It is possible that they could be made by heating a strong preparation of iodine, but the above is what I advise for gargles, nasal douches, vaginal injections, and the many uses of an admirable antiseptic. As it greatly removes local hyperesthesia, it is most valuable in such conditions as acute tonsillitis, and is certainly, in my opinion, more efficacious than iodine alone.

[Colorless tincture of iodine has been used for years hereabouts. We employ it chiefly on females, and about the face, neck, etc.]



THE DUKE OF CAMBRIDGE ON CHARITY.—The Duke of Cambridge has sounded a thoroughly sensible and much-needed note, in opening a soup-kitchen, to the effect that we must not be hindered in relieving people less fortunate and comfortable than ourselves, because occasionally our charity will be abused by the undeserving. He thought it was better to err a little in the wrong direction than not to do good to those who were in want from no fault of their own. We heartily indorse the remarks of His Royal Highness. When it is so much the fashion to apply a microscope to the merits of the applicants for charity, richer people might well question how many of their mercies they owe to their own merit. (Lancet.)

AN OLD DEFINITION OF THE MEANING OF "DOCTOR."—A. Creswell Rich, writes to The British Medical Journal: The following epigram appears at the end of the preface to *The Practice of Physick*, by Lazarus Riverius. From my study at Montpelier, July 1, 1653. It is signed "W. R."

"Doctors, or Teachers, they of *Physick* are  
(Whether by Pen they do it, or in Chair,  
With lively Voyce), that teach the way to know  
*Man's Nature, Health, and Sickness*, and do show  
*Diseases, Cause, and Cure*. But they who spend  
Their Life in *Visits*, and whose Labors end  
In taking *Fees*, and giving *Paper-scrOWls*,  
FACTORS of *Physick* are; and none but *Owls*  
Do count such *Doctors*, that no *Latin* know,  
From whence that *Name* did to our Language flow.  
W. R., Doctor, and Factor of *Physick*."

TWO POUNDS OF TAPEWORMS—M. Paul Agniel reports, in the *Semaine Medicale*, the case of a man, twenty-four years of age, who had never been ill, and whose appetite had always been good, who at intervals of a week had noticed the expulsion of segments of tapeworm. After preparation, an infusion of eighty grams of pomegranate-rind was administered, followed by castor-oil. This brought away an enormous mass of tapeworm, which was found upon examination to consist of eleven worms, with their heads as shown by the hooplets. The mass weighed one kilogram, and the combined length of the different worms amounted to 34.50 meters.—*Med. Record*.

A BAKED BEAN CAUSES DEATH—Baked beans will hereafter be regarded with suspicion. This succulent and nutritive edible, for ages so popular in New England, has caused the death of a man at Lynn named

Wallace Cobb. He died recently, and it was supposed that death was caused by an accident, but a post-mortem examination reveals the cause to be a hard-baked bean, which lodged in the appendix vermiformis, situated in the right iliac fossa, on the lower right-hand corner of the abdomen. Inflammation followed, and finally caused death.

RULE FOR REDUCING DISLOCATIONS OF THE HIP-JOINT.—Having flexed the leg on the thigh, and the thigh on the pelvis, slowly rotate the limb as far as possible, inward or outward, according as the toes pointed in or out before beginning the manipulation: then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example: In the iliac and the sciatic dislocations, the toes point inward; therefore, rotate inward as far as possible, and afterward rotate outward. In the pubic and thyroid dislocations the toes point outward, hence rotate the limb outward still more, and then inward.

RENDERING RUBBER GAS TUBING ODORLESS.—The Mohrisch-Schleisher *Gewerbhalle* recommends, for deodorizing rubber gas tubing, that equal volumes of thirty-six per cent alcohol and good linseed oil be shaken to form a homogeneous mixture, and the moderately stretched tube rubbed with a small rag, on which has been dropped a little of the mixture, until quite dry. The operation is to be repeated three or four times at intervals of a few days. The flexibility or color of the tube is said not to be impaired, while the rubber is rendered gas-tight.

TURPENTINE IN HEMORRHAGIC SMALL-POX.—Hemorrhagic smallpox is so fatal that any remedy which appears to have been successful is worth recording. (Birmingham Medical Review.) Dr. Jenua, of Buenos Ayres, has successfully treated three cases by means of turpentine, in doses of one to two drams in twenty-four hours. The drug should be given suspended in mucilage and flavored with fruit syrup.

THE twenty-fifth semi-annual meeting of the Mitchell District Medical Society will be held at Seymour, Ind., on Thursday and Friday, December 27th and 28th. This efficient organization presents a rich programme, with the promise of an unusually interesting and profitable session.



# The Louisville Medical News.

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LUNSFORD P. YANDELL, M.D., - - } Editors.  
H. A. COTTELL, M.D., - - - - - }

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## CHRISTMAS.

Since this issue of the NEWS will reach by far the greater number of our readers on or before Christmas eve, it is fitting that it shall carry our Christmas greeting, with such reflections as may be suggested by the return of that day which marks the anniversary of the crowning event of all history.

Let science modify as she may our belief in miracles and traditions; let theology vary her colors to suit the ever-changing tints of thought which brighten and fade with every passing generation; let the faith of our fathers give place to more enlightened forms of belief, still will the wise men, like their kinsmen of old, ever view with wistful eyes the one bright star, and, following where it leads, offer their treasures of gold, frankincense, and myrrh, while they bend with shepherds and with angels in humble worship to the Babe of Bethlehem.

For, strip it as we may of every supernatural adornment, the birth of Jesus Christ did and does mean "Glory to God in the highest, and on earth peace, good will to men." The sublime achievements of our modern civilization sound out the true *Gloria in excelsis*, while the principles of love which he taught, in words such as never man spake,

and illustrated through his beautiful life, are, to-day, "on earth peace, good will to men," and shall be to the end of time.

"Where there are three doctors, there are two atheists" is the saying of some classical cynic. That the statement is false, let the lives of nine tenths of our profession attest. Have not doctors ever been prime movers in the Christian charities, establishing hospitals, asylums, and orphanages; and is it not by their unwearied labors and fostering care that these institutions are made in the fullest sense a blessing to suffering humanity? Who is it that willingly denies himself of pleasure, comfort, and rest, knowing neither day nor night, scorning the fear of contagion, braving the storms of winter, and shrinking not at the summer's heat, that he may answer the call of the stricken ones? Is it not the doctor? And who will say, on noting the financial status of the profession, that the laborer is not worthy above his hire, or hint that greed of gain or love of fame is the prime motive of his endeavors?

In spite of controversies and jealousies, in spite of many imperfections and slips that prove him to be but human, it will be found that love is the ruling spirit of his life; love for his little household, it may be, but through this for all mankind. A love which might otherwise be felt, 'tis true—but which stands revealed in its full beauty only under the light of the stainless life of Him whom Christmas celebrates.

This, with an unshaken faith in the Giver of all Good, gives him heart to follow a life of unremitting toil and sacrifice, and to survey with philosophic calm that "ill-matched pair, old age and want," in which the physician so often becomes a senior partner.

Brethren of the guild, a merry Christmas to you all! Whether in the quiet circle of your homes, by the bed of suffering, or pushing your way through cold and storm at the call of duty, may love mingle your cup of joy, give you comfort in the hour of trial or courage to pursue your difficult path; and gently as silken curtains drawn by a moth-



er's hand about the couch of her sleeping child, may the shadows of Christmas eve close around you, and the light of Christmas morning break in upon you with the blessing of peace and the fruition of happiness.

EXCELLENT DRUGGISTS.—In our advertising columns will be found Vincent Davis & Co.'s card. They have just received a supply of kairin, the new antipyretic which is being used in malarial, scarlet, typhoid, and other fevers. Read their advertisement.

## Bibliography.

**The Pathology, Diagnosis, and Treatment of the Diseases of Women.** By GRAILY HEWITT, M.D., Lond., F.R.C.P., Professor of Midwifery and Diseases of Women, University College, and Obstetric Physician to the Hospital, etc. A new American from the fourth revised and enlarged London edition. Edited with notes and additions. By HARRY MARION-SIMS, M.D. Vols. I and 2. (Price \$2.25 per volume.) New York: Bermingham & Co. 1883.

This master work of the most eminent of foreign gynecologists, edited and annotated by the younger Marion-Sims, is one of the most important publications of the year, and in its present form, gives to the student well nigh the sum total of what is known and taught in this department of medicine.

Though America is unquestionably the birth-place of gynecology, and can to-day lay claim to the most eminent practitioners and teachers in this branch of medicine, the high rank of Dr. Hewitt is conceded by all, while the peculiar advantages of his position as professor in the London University College, and the immense clinical resources of its hospital, enable him to make his writings full, strong, and authoritative. Among the distinctive features of the work may be mentioned the doctrine that "changes in the shape and position of the uterus are directly or indirectly responsible for the sufferings and discomforts attendant on the affections peculiar to the female sex;" that "chronic starvation" is the most common cause of these changes, they being rarely witnessed in women who have not seriously impaired their general strength by a systematic and often prolonged practice of taking little food; that pregnancy-vomiting

is a neurosis, depending upon some form of uterine distortion, and that it is curable by appropriate mechanical treatment; and finally that hysteria in all its forms is a uterine reflex symptom, having invariably as its cause either flexion or malposition.

A great many facts, drawn from a large number of observations, are brought forward by the author as proof of these conclusions.

The illustrations are many and of excellent character, the life-size wood-cuts which figure uterine displacements being especially noteworthy.

The editor, who bids fair to rival paternal fame, has made many judicious additions to the text, thus adapting it to the especial needs of the American student and practitioner.

**A Practical Manual of the Diseases of Children, with a Formulary.** By EDWARD ELLIS, M.D., late Senior Physician to the Victoria Hospital for Sick Children, etc. Fourth edition, revised and enlarged. (Price, \$1.00.) New York: Bermingham & Co. 1882.

This is an eminently practical work, written by a busy practitioner for the one purpose of serving the needs of those whose work gives them but little time for book study.

By issuing it in compact form and at a low price, the publishers have done much to popularize in this country a valuable English book.

**A Manual of Practical Hygiene.** By EDMUND A. PARKES, M.D., F.R.S., late Professor of Military Hygiene in the Army Medical School, etc. Edited by F. S. B. FRANÇOIS DE CHAUMONT, M.D., F.R.S., Fellow of the Royal College of Surgeons of Edinburgh, Professor of Military Hygiene in the Army Medical School, etc. Sixth edition with an appendix, giving the American practice in matters relating to Hygiene, prepared by and under the supervision of Frederick N. Owen, Civil and Sanitary Engineer. Vol. I. (Library of Standard Medical Authors for 1883.) New York: William Wood & Co. 1883.

The publication of this classic work in a cheap and popular form can not but give impetus to the study of hygiene. The book is too well known to require extended comment. It will suffice to say that its eminent editor has brought it abreast with the scientific teachings of the day, and that with the American features given it by Mr. Owen, the student will find in it a full survey of the practical side of the great subject with which it deals.



## Correspondence.

### THE RELATION OF BELCHING TO DERANGED DIGESTION.

*Editors Louisville Medical News:*

I send you the following synopsis of a paper which I read before the Kentucky State Medical Society at its 27th annual meeting, held in Frankfort, April, 1878.

This synopsis was made several years ago for publication in the NEWS, but was mislaid and not found until a few days ago. Believing that some of the points made in the paper may not be without interest to your readers, I take the liberty, though late, of sending it.

Belching, when confined to narrow limits, is natural. The belching habit is unnatural and pernicious, it weakens the muscular tone of the cardia, renders it patulous, and allows gas and food to be ejected upon slight contractions of the stomach. A long series of observations leads me to believe that belching is oftener the cause than the result of deranged digestion, especially in irritable, sensitive individuals who, becoming impressed with a sense of fullness, feel that they must have relief; and, if it be not convenient for them to urinate or defecate, they compromise on an eructation, and soon become confirmed belchers, much to the detriment of the digestive process. The harmony existing between the cardia, sphincter fibers of the pyloric valve, and the body of the stomach must be maintained to insure strictly physiological results. Gas liberated during digestion serves a purpose not dissimilar in its office to the liquor amnii, bearing, I think, the same relation to the stomach and ingesta that this fluid does to the uterus and fetus in the earlier stages of labor, the former preserves the harmony of gastric contractions during digestion, as does the latter that of uterine contractions during labor. Escape in either instance of gas or liquor amnii will render either process difficult and protracted.

Failure to appreciate the above facts is doubtless the reason why pathologists have not noted habitual expulsion of gas as a factor in deranged digestion. The rôle performed by gas in the digestive process is surely not incidental or without importance, and its habitual expulsion should always demand attention. It is generated for a purpose, and should remain subject to the laws of the economy. The mechanism of the

stomach during digestion warrants the conclusion that when food has been deposited in it, one of the natural conditions would be closure of the orifices, the retained gas sustaining the proper degree of temperature and preserving the harmony of the contractions of the organ by a proper distribution of the peristaltic force. If this be true, the sense of distension is not always indicative of a necessity for belching. Consequently, gas should not be disimprisoned unless there exists an unusual disturbance of the digestive function, and its expulsion except at times of over distension is a palpable violation of the laws of digestion, and will entail upon the violator of those laws the long train of evils attendant upon deranged digestion.

If the above conclusions be well founded, the desire to belch should be resisted so far as may be possible, and from the exercise of this self-control good will follow in several ways:

1. The temperature necessary to a proper performance of digestion will be maintained.

2. The stomach will probably in consequence perform its functions more perfectly and the normal amount only of gas will be liberated during the digestive process, which, escaping by its proper avenue of exit, the pyloric opening, into the intestine, will regulate peristalsis and promote intestinal digestion and absorption. But even when the stomach is unduly distended it will be found, on resisting the inclination to belch, that the organ will soon empty its excess of gas into the intestine, with great relief to the dyspeptic, enough remaining in the stomach by virtue of the rigidity of the pyloric valve for physiological purposes.

3. The proper or normal distension of the stomach is secured, enabling it to perform fully its rhythmic contractions.

4. The disagreeable sensations which always follow eructations in heartburn will be forestalled.

In view of the foregoing considerations, I believe it is not too much to say that an intelligent and persistent suppression of belching during the digestive act will often do more than diet or medicines for the relief of flatulent dyspepsia.

R. M. ALEXANDER, M. D.

BURKSVILLE, KY., Nov. 14, 1883.

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SEVEN private schools in Washington, D. C., have been closed by a measles scare.



## Selections.

A CASE OF EXOPHTHALMOS WITHOUT GOITRE IN A MAN, at the Sheffield Public Hospital and Dispensary, is reported by Dr. W. R. Thomas, Physician to the Hospital, and Lecturer on Medicine, Sheffield Medical School, in the Medical Press:

This case is interesting, in as much as we but seldom meet with exophthalmos without goitre, and rarely do we find the disease affecting men.

The patient will tell you that his father and mother are alive and well, that one of his brothers died of phthisis, the other is well, that one of his sisters has heart-disease, and the other is enjoying good health. There is no history in the case of any of the ordinary exciting causes—no shock, no excitement, no injury to head, no fright, but the patient, a spring-maker by trade, has frequently, in the course of the day, to lift, by means of a pair of tongs, a very heavy weight of red-hot metal; he is not a strong man, and has to concentrate his whole mind on his work to prevent any injury to himself. The question for our consideration, therefore, is, whether this may be looked upon as a cause in a man who is not strong.

He has always enjoyed good health until lately, but has been a heavy drinker. Eighteen months ago he suffered much from palpitation; he was very cross and irritable, and had a feeling of fullness in the head. Twelve months ago some of his friends noticed that his eyes were becoming very prominent. The previous symptoms continued, and during the last twelve months he has been steadily getting worse. It would be tedious to describe the progress of the case, so I shall simply tell you how I found him when I first saw him.

He complained of quite severe palpitations, which continued all along, but which were increased by excitement or exertion. Frequently, also, he suffered from severe pains in the region of the heart, and, at all times, breathlessness was an ordinary symptom. No cardiac murmurs could be heard. The action of the heart was much accelerated by the slightest excitement. The pulse was permanently frequent, but weak; the skin hot; he had a feeling of fullness and throbbing in his head, was very irritable, often confused, unable to think as well as in health, and could not sleep well at night. What sleep he had was disturbed

sleep. His appetite was very poor, and he was becoming thinner and weaker every day. His hands were in a state of tremor. His eyes were very prominent—so prominent when excited that his friends were frightened at him. The cornea and sclerotic were neither inflamed nor ulcerated. The lids could not be closed; but when asked to look down, the upper eyelids did not follow the movements of the eyes as in health. The retinal vessels seemed rather dilated.

This disease is much more frequently met with among women than men. Gräfe says the relation of males to females is as one to six, and that the disease is more dangerous in men than women. Generally the exophthalmos and cardiac symptoms are accompanied by goitre; so the case, to me, has been an interesting one for these two reasons.

Now, in connection with this case there are certain questions which I think we might with advantage discuss this evening, and I shall be very glad to hear the opinions of the members of this society, more especially of those who have seen the post-mortem appearances.

The first question is, what is the cardiac excitability caused by? Is it due to disease of sympathetic ganglia in the neck, of the ganglia in the heart, or to cerebral disease of any kind? Keith tells us that the lower sympathetic ganglia in the neck, more especially those on the left side, are enlarged, and on being examined microscopically, are found to be altered in structure. Others have described similar appearances. I have seen several cases of this kind in my time, and have noticed that head symptoms in all the cases have been noticed very early; in fact, in the last three cases I have seen the head symptoms have preceded the cardiac. Judging, therefore, from the order of symptoms, and the progress of the cases, I should feel inclined to look out for very central mischief as the prime cause.

The next question is, what is the exophthalmos caused by? Is it owing to the excessive development of fat at the back of the eye, or of cellular tissue, to a dilated state of the veins, or to contraction of certain muscles? In the fibrous tissue which fills up the spheno-maxillary fissure Muller has found involuntary muscular fibers supplied by the sympathetic. These fibers are much more developed in dogs and rabbits. Now Mosler and Landois have produced contractions of these fibers, which Muller named the *musculus orbitalis*, and protru-



sion of the eye by galvanism. Muller has also discovered a small muscle inserted into the upper margin of the upper tarsal cartilage supplied by the sympathetic, which muscle, by its contraction, tends to raise the lid. Now, although the musculus orbitalis, being ill developed in man, may not be able to protrude the eye, may it not in disease become hypertrophied, and when assisted by the partial raising by the musculus palpebralis superior (both supplied by the sympathetic) of the upper eyelid, be able to protrude the eye? If it be protruded by cellular tissue or fat, it is difficult to account for the sinking in of the eye at once after death.

**ACUTE PNEUMONIA.**—The report of the Collective Investigation Committee on Pneumonia, although only provisional, contains a great deal of interesting matter, and is based upon an analysis of three hundred and fifty cases. (*British Medical Journal*.) The general result of the pathological inquiry is thus summarized: "We think the evidence before us is insufficient to support the doctrine that pneumonia is a specific fever, whose chief local manifestation is in the lung. Like other respiratory diseases, we find it prevailing in certain states of the weather; and, apart from all else, the great regulator of its frequency is season. It may be taken for certain that it confers no protection upon the individual, but rather an increased liability to future attacks. It appears to have no direct association with any specific or conveyable disease, and its near alliance with tonsillitis is in striking contrast with its infrequency in connection with diphtheria. Instances of pneumonia undoubtedly occur which are apparently 'pythogenic;' but those which have this origin are not otherwise separable, so far as we see at present, from others which are obviously due to exposure. Epidemic pneumonia, as judged of by the cases we are now reporting on, is in part explained by atmospheric conditions, and in part by other agencies generally prejudicial to health."

With the moderate and cautious tone of this report most persons will cordially concur; but the prevalence of erysipelas in connection with sixty-six out of the three hundred and fifty cases is almost lost sight of. It may be well to recall the classification of infectious pneumonia given by M. Germain Sée; (1) malarial pneumonia; (2) erysipelatous pneumonia;

(3) typhoid pneumonia. The first of these factors finds no mention in the report; the second has the striking reference already given; while typhoid fever prevailed in the same district in only twenty cases. The typhoid pneumonia of Professor Sée is, in his opinion, typhoid fever finding its chief expression in inflammation of the lungs. The evidence of contagion is confined to twelve cases; in one case, Dr. Lane, of Bishop's Castle, writes of a wife who was believed to have taken pneumonia from her husband: "I have no doubt that the patient's attack was due to direct infection, she never having left her husband's room, except for a few moments, from the time of his seizure to his death." On this point, additional evidence is much wanted, and, it is to be hoped, will be forthcoming.

One of the most striking facts in the report is the immunity from fatal pneumonia enjoyed by total abstainers. Among this class the deaths were 11.12 per cent; among temperate persons, 18.4; and among the intemperate, 40.5; while, in those suffering from insufficient food, the rate was 26.6. The total mortality in the whole series of cases was 19.4, which strikes us as being very much higher than we can regard as satisfactory.

There is, at the present, too much complacency with our treatment of pneumonia; and there is a very ill-founded, but widely spread impression, that, since the abandonment of venesection, and the employment of expectant treatment, there has been a very great diminution in the mortality from this disease.

That this belief is a mistaken one, is proved by reference to the old statistics, which show that, with excessive venesection, the mortality was from one in 3.5 (Louis), 1 in 5 (Dietl), to one in 6.3 (Grisolle). With large doses of tartar emetic, out of six hundred and forty-eight cases treated by Rasori, one hundred and forty-three died, or 1 in 4.5; with the same drug, Dietl lost only 1 in 5.2; Laennec, only 1 in 10. It is therefore obvious that, if the death-rate in these cases represents fairly the results of modern practice in this country, we have no cause to congratulate ourselves.

In considering the mortality from pneumonia, the age of the patients is of such importance that no conclusions are of any value which do not take it into account; but the analysis under this heading does not explain the mortality. Grisolle laid it



down as a rule that under thirty the deaths were 1 in 14; in this table there were one hundred and eighty-five cases under thirty, with sixteen deaths, or 1 in 11.5. Bennett found the average death-rate in the army and navy, under the old plans of treatment, to be 1 in 13. We may assume these to have been healthy men in the prime of life. In the present table there are one hundred and twenty-five cases between twenty and forty, with eighteen deaths, or 1 in 7.

Our object in calling attention to these figures is to awaken practitioners to a sense of the fatality of pneumonia. We believe there is a too general impression that it is a benign disease, and the gravity of cases is only recognized when the serious effects of fatal lesions manifest themselves. Jurgensen has pointed out that the tendency is to death by cardiac failure, and we are now quite well aware of the influence of high temperature on the muscular wall of the heart. Jurgensen's teaching has hitherto found few followers in this country, but, with a mortality of one in five, we are bound to reconsider the bases of our practice.

We can not escape the responsibility for the lives of our patients, if we permit our prejudices to stand in the way of the application of reasonable principles of treatment, and we trust to see the danger of the pneumonic fever more widely realized, and made a vital principle of practice. This idea once grasped, the means used will be efficient, and the thermometer will be made the test of this efficiency.

**INFANTILE ERYSIPELAS.**—Mr. H. Cripps Lawrence, L. R. C. P., Lond., writes to the *British Medical Journal*:

The etiology of infantile erysipelas is interesting, and it is important to recognize the frequency with which new-born infants develop or contract erysipelas. Cases of idiopathic erysipelas not unfrequently owe their origin to the co-existence of puerperal fever, or of some epidemic influence being in force about the time of birth of infants thus affected. Infantile erysipelas may also occur as an idiopathic expression of a blood-infection, probably pyemic in character. Each of these forms of infantile erysipelas has a special tendency to exhibit a migratory development.

Traumatic origin, however, is more frequently a primary factor in the etiology of infantile erysipelas. Most authors refer to the umbilicus as the almost invariable start-

ing-point of this form; but it is well to recognize the fact that any abraded cutaneous surface on an infant renders its susceptibility to contract erysipelas not only possible, but highly probable, in weak constitutions. Eczema, inter-trigo, and impetigo, simple wounds, injuries to the scalp in forceps-deliveries, cicatrizing vaccine pustules, are also sources through which erysipelas may attack an infant, as well as by a denuded surface exposed by an imperfect separation of the funis, or by an imperfect cicatrization at the umbilicus.

On May 12, 1882, I vaccinated an infant with calf-lymph unsuccessfully; and, on May 20th, with calf-lymph successfully. The vaccination progressed normally until June 15th, when the scabs were separating. An aunt of the infant arrived on this day, from the country, when herself recovering from an attack of erysipelas. She handled the infant that afternoon. Next day, this infant was restless, refused food, and the day after (June 17th), erysipelas commenced in the region of the cicatrices, and spread along the arm and forearm.

On October 5, 1882, another infant was vaccinated by me with calf-lymph, successfully, with normal progress till October 12th; but, on October 16th, well-developed erysipelas developed around the pustules, and spread rapidly over the arm and forearm. The origin in this case is uncertain.

In both cases, severe constitutional disturbance, anorexia, and vital depression, were concomitants; the erysipelas was local, not migratory, as in the idiopathic forms.

Most of the text-books take a pessimist view of the value of treatment, whether internal or local; but, on these points, authors differ greatly. Personally, I would advocate internal treatment, by means of chlorate of potass. with perchloride of iron; and, externally, the employment of cotton-wool, or the lotio sodæ chloratæ. It is of paramount importance to direct that the infant be fed, by breast or hand, in small quantities frequently. That, weather permitting, fresh air be obtained in-doors or out of doors daily; and that scrupulous attention be paid to body cleanliness, and to the hygiene of the lying-in room and nursery, both as regards prevention and cure.

**ARTIFICIAL INFLATION OF THE LARGE INTESTINE.**—Prof. von Ziemssen strongly recommends inflation of the large intestine by carbonic acid for several important pur-



poses. The method is very simple. •A rectal tube about six inches long is introduced into the anus and fixed by pressing the nates together, the patient being in a supine position. This tube is connected with a funnel by means of a simple india-rubber tube. Solutions are made of five drams of bicarbonate of sodium and about half an ounce of tartaric acid dissolved in water, and the solution of bicarbonate of sodium, or a part of it, is then poured into the intestine, and after it a solution of tartaric acid. Carbonic acid is thus evolved in the intestine, and the whole of the large intestine becomes distended. If the whole of the solutions are poured in at once, the evolution of gas is so sudden as to cause great pain, and it is therefore better to introduce them at three or four times with intervals of several minutes between. In order to prevent the carbonic acid from being developed in the tube itself, it is best to wash the sodium salt into the intestine with a little pure water before introducing the acid. This method is of great service in diagnosis, enabling us to form a definite opinion regarding the position, form, and dilatibility of the small intestine, the more or less complete action of the ileo-cecal valve, communication of the colon or rectum with neighboring parts such as the stomach, small intestine, and bladder, or with the surface of the body. Regarding also the position of contractions or obstructions in the intestine, and sometimes also regarding the nature of an impediment to the passage of the feces, one most important use of this method is to diagnose the position of stricture or obstruction of the intestine in cases where it is desirable to operate. It also shows the position of peritoneal adhesions. Usually the ileo-cecal valve closes the small intestine completely, but under deep chloroform narcosis its resistance is lessened. As a therapeutic method, distension by carbonic acid may be used simply to evacuate the bowels, and when this is the case three drams of bicarbonate of sodium will be sufficient. It may also be used in order to remove alterations in position, bends, or twists in the colon, in place of the large enemata which have been recommended for this purpose. Where a twist or obstruction is suspected in the small intestine, a distension under chloroform narcosis may be tried. This method is therapeutically contra-indicated by affections where the resistant power of the intestinal tube is diminished; but practically this contra-indication only exists in typhoid

fever and tuberculosis of the intestine. In other cases of ulceration and malignant disease the author has never seen any injury. After diffuse or circumscribed peritonitis, and especially after perimetritis and perityphlitis, the method is theoretically contra-indicated on account of the tearing of adhesions, but in practice this is, on the contrary, rather advantageous. The tearing of adhesions by the distension of the intestine with gas often causes intense pain, but produces no inflammation; consequently, repeated dilatation with carbonic acid is useful in removing the after-effects of perityphlitis, pericolitis, and periproctitis.—*Deut. Arch. für Klin. Med.*, p. 235, vol. xxxiii; *Practitioner*.

ON LEAD-POISONING.—Harnack came to the conclusion, from his experiments, that lead was a muscular poison, causing a peculiar loss of irritability of the muscular substance, so that when a muscle was subjected to the action of stimuli at regular intervals, it responded by very unequal contractions, which were sometimes large, sometimes small, and sometimes entirely absent, although the stimulus was of equal strength in each case. A number of experiments have been made by Von Wyss on this subject, and he finds that lead tri-ethyl causes in frogs restlessness, quivering of the whole body, and loss of spontaneous movement, followed by loss of reflex action. The result was exactly the same as that obtained by Harnack but the author thinks that it is simply of complete paralysis of the central nervous system. At this time the muscles of the body were readily irritable, and continued to be so for several hours. After twenty-four hours, when the animal was entirely dead, the muscles presented a peculiar whitish discoloration and stiffness. This appeared earliest, and was most intense in the neighborhood of the injection, and presented the greatest similarity to a weak caustic action, while the general action on frogs was exactly that observed by Harnack; the author could not find any marked evidence of muscular paralysis. The muscles become paralyzed at a very late period after poisoning, and no difference could be detected between the irritability of a poisoned muscle and one from which the poison had been excluded by ligature of the afferent artery. These experiments, therefore, appear to show that lead has no special affinity for the muscles, and is not to be regarded as a muscular poison. On the other hand, the ace-



tate of lead tri ethyl is a powerful poison for frogs, and appears to paralyze the central nervous system. When lead is administered to frogs internally in increasing doses the animals die with epileptic convulsions. These facts appear to indicate that lead has a tendency to affect the central nervous system rather than the muscles, and that the cause of lead poisoning is to be sought in an affection of the nervous system rather than of the muscles.—*Virchow's Archiv*, vol. 92, May, 1883; *Practitioner*.

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FRACTURE OF THE PATELLA.—The treatment of fracture of the patella has been under discussion at the Société de Chirurgie much about the same time as the debate at the London Societies. (Lancet.) M. Beauregard has performed the operation of osseous suture on a man, aged thirty-four, the day after the accident, which was due to a kick from a horse. The result was not very good. A considerable degree of ankylosis remained, which seemed to be due to extensive adhesions formed as a result of the inflammation set up in the joint. The small size of the lower fragment of the patella was also thought to have influenced the result. M. Chauvel had collected forty-three cases of the operation in question. Four of these had been performed without antiseptics before 1877. In two thirds of the total number of cases the bony suture was performed soon after the accident. The operation was not always easily carried out. Sometimes one, sometimes two sutures were used. Metallic wires seemed to be preferred. In twenty cases a notable degree of inflammation was set up, but without causing further disturbance. Thirteen times no mischief was excited about the joint; osseous union was certainly obtained fourteen times, and twenty-four times out of thirty-one, consolidation of the fracture was said to be good. Out of thirty-eight cases, twenty-eight were good results, and ten were not successful. Three deaths were recorded, two from septicemia, and one from carbolic acid poisoning. In one case amputation of the leg was performed. In the discussion which followed the paper, of which the above are the main features, several surgeons took part, but nothing was said which would be new to our readers.

FOUR CASES OF CONGENITAL DISLOCATION OF BOTH FEMORA were shown by Mr. G. Cowell, at a late meeting of the Royal Med-

ical and Chirurgical Society of London, and Mr. Cowell made the following remarks: "In all, the characteristic symptoms were present; the flattened nates, the high trochanters, the lordosis with prominent abdomen, and the peculiar waddling gait. It was interesting to notice how well children were able to accommodate themselves to altered conditions, and to continue locomotion fairly, comfortably even, with such serious malformation. How far a new joint might have been formed, it was impossible for him to say. The number of such cases was much larger in girls than boys, in the ratio of about 28 to 8; of that, he thought no satisfactory explanation had been given. It was at one time supposed that it was because the dislocation occurred during labor, and was due to the greater breadth of the female pelvis as compared with the male. But, in the first place, he regarded these as dislocations *in utero*, before birth; and, in the second place, he believed it had been shown that the female pelvis was rather smaller at birth than the male. They were sometimes ascribed to breech-presentations; but of these four cases, only one had been born in this way. He considered it, not as an arrest of the growth of the femur, but as the result of an acetabulum, abnormally shallow from malformation, as has been shown in some dissections.

ORIGIN OF VACCINE.—At the Académie de Médecine, of Paris, a member read a paper on the origin of vaccine, the conclusions of which are as follows (The Medical Press): No animals can be considered as vaccinogene, neither the horse nor the cow create, the one the horse-pox, the other the cow-pox; both, in order to furnish a crop of vaccine matter, must have previously received the germ, and this germ is nothing else than smallpox admitted into the organism of these animals when its virus is attenuated and transformed into what is called "vaccine." This modification is less pronounced in the horse than the cow.

A NEW TREATMENT FOR NEURALGIA.—The latest agent introduced for the relief of neuralgia is a one-per-cent solution of hyperosmic acid, administered by subcutaneous injection. (Lancet.) It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of



electricity no fewer than two hundred times, while for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgiæ to medication; but if it really prove to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.

CASES OF THICKENED EPIDERMIS TREATED BY SALICYLIC PLASTER. (Clinical Society of London; Medical Press report).—Dr. Thin gave an account of cases of thickened epidermis treated by salicylic gutta-percha plaster. The plaster which he used is manufactured by Herr Beiersdorf, Hamburg, at the suggestion of Dr. Unna, who has introduced it into practice.

CASE I. which he related was that of an adult man, in whom a tendency to extreme tylosis of the soles and palms is hereditary. The palms and soles in this man's case were covered with an extremely thick and hard epidermis, and had been for many years in this condition, the affection having resisted very varied methods of treatment. The treatment by the plaster was in the first instance recommended by Dr. Unna, and the author simply continued Dr. Unna's treatment. Under the use of the salicylic plaster, which was kept constantly applied by means of bandages, and changed every third or fourth day, the hard layer of epidermis came off in one mass, leaving a delicate, rose-colored epidermis behind it. There was neither pain nor inconvenience connected with the use of the plaster, and the patient, a business man actively employed, was able to follow his usual avocation without interruption.

CASE II. A gentleman, aged seventy-two years, who had always been healthy, was unable to walk for a period of six or seven months, on account of an attack of sciatica. When the sciatica was relieved he somewhat suddenly resumed his professional employment in the city which, at the time, involved a good deal of walking on the hard pavement. The result was that the soles of both feet became hot and tender, and after a few weeks the skin of the ball of each foot became hard and horny. When he consulted the author this condition had lasted for about seven years, and gave rise to much pain and discomfort.

The whole of the surface of the ball of one foot and part of the surface of the other was covered with a layer of epidermis of extreme hardness. In this hard layer there were small, isolated horny formations of the nature of corns, which produced the same sensation as if the patient were walking on shot, or small, hard stones. The first treatment recommended was the application of strong solutions of potash and scraping with a sharp spoon, and wearing a horse-hair pad in a large boot. This alleviated the condition, but the application required to be frequently repeated. The salicylic plaster relieved the condition for several months at a time.

CASE III. In a gentleman aged forty-three, the palmar surface of the right fore finger had been covered for years by a thick, hard, fissured epidermis. After this morbid formation had been removed by the salicylic plaster, the skin of the finger had remained normal when the patient was seen by the author, nine months afterward.

CASE IV. A gentleman, aged forty, had suffered from the condition of his heels for about twenty years. It had begun by the skin being red, tender, and scaly, and the hardness had gone on progressively increasing. The condition had been on several occasions mistaken for syphilis, and among other methods of treatment which had been employed in vain, several anti-syphilitic courses were to be reckoned. When seen by the author, the skin of both heels was covered by thick, hard, horny, uneven masses, which rendered walking very painful. Solutions of potash and a scraper, which were first recommended, had been used faithfully for a year almost daily, but with only temporary alleviation. When the author became acquainted with the specific action of the salicylic plaster, it was recommended to the patient. Although by its use the tendency to horny formation is not removed, yet the hard masses have been completely got rid of, the patient can walk with comfort, and with the occasional use of the plaster the fresh formation of hard masses is avoided. The author regards the condition of which these cases are examples as being essentially allied to eczema. The formative power of the epithelium is injured, mechanically or otherwise, and an imperfectly formed epidermis results. By its solvent power on horny epidermis, salicylic acid incorporated with gutta-percha, as in Beiersdorf's plaster, frees the skin from an adherent irritating



mass, and the deeper layers of the rete mucosum are placed in more favorable conditions for regaining their physiological properties.

Mr. Butlin said that Mr. Thomas Smith had employed salicylic acid to remove a wart on his own person, the unhealthy appearance assumed by the growth having caused him much uneasiness by its resemblance to an epithelioma. Since this experience the remedy had been used with some success in cases of ulcerating carcinoma, rodent ulcer, etc. In a case of epithelioma of his own, however, he (Mr. Butlin) had not employed the salicylic acid, having agreed with Mr. Smith that, though it might prove of service, yet his duty to the patient demanded more positive and reliable immediate treatment. Hitherto he had known of no real example of epithelioma so cured, and was disappointed at not hearing from Dr. Thin that such results had been obtained.

Mr. M. Baker described a case occurring in the syphilitic female ward at St. Bartholomew's Hospital, in which a number of warts were reduced by an application of a cream of salicylic acid and vaseline. He thought the preparation used by Mr. Smith resembled the "corn solvene" sold in shops, which consisted of a saturated solution of the acid in collodion.

**BRAIN TUMOR.**—Dr. Fischel presented to the St. Louis Medico Chirurgical Society a specimen, with the following remarks: It is a small tumor taken from the anterior portion of the pons Varolii. I think there are very few cases on record having a tumor as large as that in the brain substance.

The patient, twenty-nine years of age, had been ailing two or three weeks. He had continuous headache. He was pale and cachectic when I saw him, five days previous to his death. I got, as far as possible, the history of the case from the patient; he said that he had continuous pain, had been under treatment, and his physician said he had a malarial trouble. The pain was over the entire head. The stomach was irritable, and the patient frequently vomited. I made a physical examination to determine, if possible, the cause of the irritability, and didn't succeed in doing so; there was no tenderness in the region of the stomach; the tongue was clean; there was desire for food, but inability to retain it. The patient did not suffer from any want of sensibility, nor did he suffer mentally; his mind was

clear. Though he did not go down to business, his affairs were reported to him daily, and he was still able to judge of all that was taking place. This irritability of the stomach, which I was unable to ascribe to any stomach trouble, made me suspicious. The temperature and pulse were about normal; the pulse perhaps a little slow, between sixty and seventy. I told the patient and his wife I thought it was more serious than malaria. The cause of the trouble was not diagnosed, and till two days previous to death there was little change. The pulse and temperature remained normal; the irritability of the stomach continued. Forty-eight hours before his death he became comatose, and remained so till he died. So far as I could learn there was no apoplectic attack; although he might have experienced one during the night, when his wife was not conscious of it. There was no paralysis in either extremity. On making the post-mortem we found the white matter at the base of the brain exceedingly soft, pultaceous. It could n't be cut into at all, it simply fell apart; if you touched it, it fell apart; the ventricles contained a great deal of serum. On cutting through the pons we found this tumor. The substance of the pons seemed perfectly normal. The tumor was imbedded in it, but came out easily.

**QUININE IN SERPENT BITES.**—Dr. H. H. Vuike writes, in the St. Louis Courier of Medicine: Two months ago I was called to see —, aged thirteen, who was bitten by a rattlesnake twenty-five minutes before my arrival. I found patient in great excitement, pulse very frequent. I added one dram of quinine to one and a half pints of whisky, and gave this within two hours. This case demonstrated the immunity which snake bite gives to the effects of whisky. This boy of thirteen took more than one and a half pints of whisky, and showed no signs of intoxication. But the most noteworthy circumstance was that one dram of quinine, taken within two hours, did not produce cinchonism, proving that the poison of a rattlesnake is antagonistic to the effects of quinine. There were no alarming constitutional disturbances. The bite was on the little finger, by a snake of six rattles. Some minutes after the accident he tied a handkerchief firmly around the wrist. When I saw him the finger was swollen and purple, and the entire hand somewhat so. I made a free incision into the finger, over the bite, and applied pure carbolic acid. The next morning the entire



hand and arm were much swollen; the skin presented a mottled appearance, and the epidermis was raised on several places. Gradually the swelling subsided, the epidermis peeled off; recovery took place rapidly.

In view of the above, I arrive at the conclusion that if a serpent bite offers protection against the effects of quinine, quinine may offer protection against the effects of a serpent bite. If this conclusion be a logical one, I hope that those of my colleagues who meet with cases of serpent bites frequently will give the subject due consideration, and through further experiments ascertain whether quinine may not, have control over this poison. Should it be established that it does, it can serve as a substitute for whisky, and a valuable remedy is added to the therapy of serpent bites; for there can be but little doubt that *more persons are killed by the enormous amount of whisky they take*, when bitten by a snake, than from the bite itself.

**IODOFORM IN THE TREATMENT OF OPHTHALMIA.**—Iodoform is finding favor among German oculists in the treatment of certain ophthalmic affections, and notably catarrhal conjunctivitis, purulent conjunctivitis, and the granular form. (Medical Press.) Encouraged by the success obtained, M. St. Martin, of the Quinz Vingts, Paris, adopted the treatment in palpebral granulations, with consecutive vascular pannus, cicatrices of the cornea, and keratitis, and was well satisfied with the result. The effect of the agent in the last named affection was "marvelous." The iodoform was employed with vaseline, equal parts of each, and introduced into the *cul-de-sac* of the eye affected. The eyelids were then closed and covered with a piece of fine linen and cotton wool, the whole maintained by a flannel bandage, and left in that position until the following day. In a case of double pannus of long standing, six weeks sufficed for a cure, all trace of cicatrix disappeared at the end of three months. That form of keratitis known as keratitis *en candellette* yielded in a rapid manner to the treatment. Out of twenty-one patients, eighteen got completely and rapidly well without relapse, the three others recovered, but less promptly. In the case of diffused keratitis, the pomade seemed to have little or no effect.

[Iodoform is an abomination of no *proved* therapeutic power.]

**HYPOGASTRIC LITHOTOMY.**—At the Société de Chirurgie, Paris, M. Perrier com-

municated three cases of hypogastric lithotomy; one was a man of fifty-seven, the second was seventy-seven, who had already been three times lithotomized, and the third a young man of thirty. The three operations succeeded to his entire satisfaction. Twice already he had had recourse to the same method, with one failure, the patient succumbed not, however, to the result of the operation, but from a renal abscess. Never was there the slightest symptoms of peritonitis, and the wounds healed in from twenty to twenty-eight days. The procedure of M. Perrier is as follows: Introduction of the *sonde à rubinet*, dilatation of the bladder, ligature of the penis, introduction of the rectal balloon, incision of the skin and cellular tissue of the hypogastric region a little to the left of the linea alba, incision of the bladder, extraction of the calculus, syringing of the urinary receptacle, drainage and suture. The bladder is washed with a solution of boric acid, and the drainage is effected by two or three large tubes attached to each other. M. Despres considered that the operation was very complicated.

**PATHOGNOMONIC SIGN OF FRACTURE OF THE NECK OF THE FEMUR.**—Prof. Bezzi, after showing, in the *Spallanzani*, the difficulties and uncertainties which often attend the diagnosis of this accident, observes that at the Milan Hospital a traditional practice exists of exploring, whenever fracture of the neck of the femur is suspected, the short space between the trochanter and the crest of the ilium. In place of the considerable resistance which is there produced in the sound limb through the tension of the tensor faciae latae there is found, when the injury has occurred, a deep depression, due evidently to the diminution in the tension of this muscle, owing to the approximation of its points of attachment.—*Presse Méd. Belge; Practitioner.*

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#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from December 8, 1883, to December 15, 1883.

*McKee, J. C.*, Major and Surgeon, assigned to duty as Medical Director, Department of the Columbia. (G.O. 31, Dept. of the Columbia, December 3, 1883.) *Shufeldt, Robert W.*, Captain and Assistant Surgeon, now on sick leave, relieved from duty in the Dept. of East, and assigned to temporary duty in the office of the Surgeon-General of the army. (Par. 12, S.O. 284, A.G.O., December 12, 1883.)



THE  
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, DECEMBER 29, 1883

Original.

RECTAL POLYPI.

BY C. J. WALTON, M. D.

Mr. S., aged fifty years, called upon me in January, 1880, stating that for several years he had been suffering from piles. That he was tormented day and night with griping and a desire to go to stool, and that he was subject to discharges of blood after each evacuation of the bowels; but that there was no swelling around the anus, his case being, as he thought, one of internal piles. He had applied to a number of physicians, and each had treated him for piles without giving him the slightest relief. I told him that the symptoms detailed indicated polypus and not piles. Upon introducing my finger, I found, at the distance of about four inches up the rectum, a zone of seven polypi from three fourths to one and one fourth inches in length. After about three days I called to see him for the purpose of operating for their removal, assuring him that I could relieve him. After clearing the bowels with an enema of warm soap-suds, I introduced an anal speculum to bring the tumors into view, but the flow of blood and pus was so great that I could not see the rectal walls. I withdrew the speculum, as hemorrhage became more and more profuse the longer it remained. I then introduced the index finger of the left hand, and guided along its palmar surface a long-beaked polypus forceps, seizing and removing one polypus after another until I had taken away seven. The pedicles of two were still remaining, but the hemorrhage was so free that I then made no further attempt at their removal. I called again in a week and completed the operation.

Since this time I have had to repeat the

operation thrice, at intervals of about eight months, each time giving perfect relief until their return. After each operation the patient grows stout and robust, being able to do hard work with ease. Each crop seems to be more abundant and accompanied with a more copious discharge of blood and pus. The growths are confined to a small zone of the rectum, and each new crop is softer and more friable than the preceding. At the last operation many of them were easily broken down and removed with the finger.

I at first feared that the disease was malignant; but, from the speedy and apparently complete recovery of the patient after each removal of the growths and the rapid gain in flesh and strength, I feel satisfied that it is not. I directed strong injections of carbolic acid, after the last operation, with the hope of making a radical cure. The disease is now again so far advanced that another operation is necessary, and I am much in need of a remedy that will prevent the return of the tumors.

I have found in a practice of thirty-four years, in both civil life and military service, that polypus of the rectum has been of rare occurrence, since I have diagnosed and treated only two cases during that time. My first case was a married lady, aged thirty-eight years, the mother of two children. She represented that for fifteen years she had suffered greatly from griping at each evacuation of the bowels, and that she felt at each time as though she could not completely empty the bowels. She supposed that she had piles, and had been treated by several physicians for hemorrhoids. I told her that I thought her mistaken as to the nature of her disease, and that I would not treat her without a thorough understanding of the case. A few days after this I called to see her, and after moving the bowels with an enema, I made a digital examination and found two polypi



about two and one half inches above the verge of the anus, each about one and one fourth of an inch in length, and attached to the rectal wall by a small pedicle. These had made life a burden to her for fifteen years.

I placed her in the recumbent position, and requested her to strain, as if at stool, which action enabled me to reach the tumors. I seized them with a forceps, one at a time, and, throwing a ligature around the base of each, clipped them off with scissors. I visited her some three or four days after this, when she informed me that she was perfectly well and comfortable, and from that day forward she has never had a symptom of the disease, being cheerful, happy, and in excellent health.

My object in reporting these cases is to call attention to a troublesome affection which may be easily and promptly relieved, but which I believe is often overlooked, not only because of the similarity of some of its symptoms to those of piles, but also because of the delicacy which some physicians feel relative to the exploration of the rectum.

A more careful examination of the rectal tract by the general practitioner, in all cases of supposed internal hemorrhoids, would doubtless add materially to the statistics of rectal polypus, and enable the physician to relieve by a simple operation a disease attended by very distressing symptoms, which if too long neglected or mistreated may ruin the health and ultimately destroy the life of the patient.

MUNFORDVILLE, KY.

### COLD, HOT, AND WARM APPLICATIONS IN THE TREATMENT OF DISEASES OF THE EYE.

BY J. MORRISON RAY, M. D.

*House Surgeon to the Manhattan Eye and Ear Hospital.*

When casually considered, these agents may seem of but little importance, not likely to do harm, and capable of little good. But a more careful study will show that in the hands of those ignorant of their value or indications they may become most dangerous agents, and that when judiciously applied they rank among the most effective remedies in the treatment of many affections of the eyes. The exact indications for the use of these agents are not always plain, since it is often the case that in two patients suffering from the same disease the remedy which would do good in the one might do harm in the other.

In acute catarrhal inflammations of the conjunctiva frequent bathing of the eyes with cold water, or, in more severe cases, the application of iced cloths\* will often give prompt relief, and may effect a cure. As a rule, however, better results will be obtained if a mild astringent, such as alum or zinci sulph. (gr. ii-iv-℥j), or the solution recommended by Dr. Agnew, be used as supplementary to the cold applications.†

The lids being everted, the solution is sprayed, by means of Davidson's hand atomizer, on the conjunctiva. This may be done several times a day. Besides acting as an astringent, the solution thoroughly cleanses the conjunctival surface of all secretions.

In gonorrheal ophthalmia or in ophthalmia neonatorum, where the inflammation runs high, the discharges being thick and copious, and the lids swollen and tense, the methodical application of ice cloths, day and night, with frequent cleansing of the conjunctiva by means of pure water, or preferably a saturated solution of boric acid, will often check destructive processes, and give the patient relief from the pain. If the disease has not run a severe course, or is on the decline, a milder form of the same treatment will suffice. If the inflammation does not readily yield to this treatment, astringents, or very mild caustics, are indicated.

In the conditions just cited the application of fomentations or poultices would be followed by the most serious consequences, permanent injury to, or destruction of the cornea being a common result.

A report of the following case will serve to show the pernicious effect of fomentation in the affections above named:

Mrs. D., aged forty, nurse, recently came under Dr. Webster's care at the Manhattan Eye and Ear Hospital. She had been nursing a child with ophthalmia neonatorum, and accidentally got some of the secretion into one of her own eyes. The next day the eye was somewhat inflamed, and she consulted a physician, who ordered her to keep it clean and to use an astringent wash. But, as it did not progress as rapidly as she expected, she took the treatment into her own hands, and applied fomentations of tea-leaves, keeping them up for several days. As the eye continued to grow worse,

\*Take a lump of ice the size of a brick and place on it bits of linen two inches square. When they get cold transfer to eye, and then again to ice when they become warm.

†Ac. tannici, sodæ biborat, each ten grains; glycerine, one dram; aq. camphoræ, ad, one ounce. Filter. To be used in connection with the cold application.



she presented herself to Dr. Webster for treatment. At this time it was found that the entire cornea was hazy from infiltration; the conjunctiva discharged a thick purulent secretion, and in the lower and outer segment perforation of the cornea and prolapse of the iris had taken place. She was admitted to the hospital, and the eye ordered to be kept clean by bathing every fifteen minutes with a saturated solution of boric acid. In a few days the discharge was checked, and the patient left the hospital; but the entire cornea was opaque, showing several small perforations, with a tendency to staphylomatous bulging at its lower part. All useful sight in the eye had been destroyed. This is only one among many cases of the kind which are seen too frequently at our hospitals and clinics. Such cases are a sad commentary on the misuse of poultices and fomentations, and serve to show that it is only by the constant application of cold to check the inflammatory process, and, by frequent cleansing of the conjunctival surface, that we can expect a recovery in such cases without the impairment or loss of sight.

In the first stage of granular conjunctivitis, where there is much inflammation, iced cloths are useful, checking inflammation to some extent and allaying irritation. Later on, when this condition becomes chronic, with its characteristic hard trachoma granule, there being very little inflammatory action present, hot water is often beneficial, and may even be curative. By frequent applications a certain amount of irritation is aroused, accompanied by a swelling of the conjunctiva and a softening of the trachomatous masses, which tend to hasten their absorption. This can be so regulated as to keep up a continuous slight irritation, and thus often a rapid disappearance of the granulations, without even the use of caustics, which have a tendency to cause cicatricial contraction of the conjunctiva, followed by all the bad symptoms incident to this condition, trichiasis, eutropion, etc.

In acute inflammations of the cornea, especially when due to traumatism, iced cloths often give great relief by allaying the pain and limiting the inflammation. In phlyctenular keratitis accompanied by photophobia, which is often seen in badly nourished children, the dropping of iced water on the exposed cornea has been recommended. I have recently seen a case which demonstrates the efficacy of this treatment to a marked degree. The child had been treated by other methods for some time without any

apparent benefit. Under the use of iced water, dropped on the forcibly exposed cornea, the improvement was remarkable.

In necrosis of the cornea, occurring in strumous children, non-inflammatory in origin, and without any conjunctival irritation, our chief reliance is in the persistent use of fomentations made of chamomile flowers or poppy-heads.

In abscess of the cornea, accompanied by hypopyon, or the formation and deposit of pus in the anterior chamber, fomentations allay the pain and promote the absorption of the pus. In that form of ulcer of the cornea called serpiginous, occurring at its margin as an ulcerated band with irregular edges with a tendency to spread circumferentially (a condition often seen in old, feeble, and debilitated subjects), and accompanied by considerable conjunctival irritation and a deep ciliary injection, with often excessive pain and photophobia, rapid improvement sometimes follows the application of heat, moist or dry. The latter is to be preferred if the former produces much swelling of the lids or edema of conjunctiva. The hot applications may be supplemented by a sol. of sulph. eserine (gr.  $\frac{1}{4}$ -gr. j-3j) dropped in eye several times a day. This is often used with marked benefit. Careful attention must be given to hygienic surroundings. Exercise in open air several times a day should be enjoined, during which the eyes must be protected from bright light by means of colored glasses.

The above treatment, if carried out properly, has often succeeded in cases where incision of the base of the ulcer (Soemisch's incision) has failed. In interstitial keratitis hot fomentations assiduously applied, their effect being carefully watched, together with frequent instillations of atropine, are sufficient to allay the pain and ciliary irritation. In suppuration of the cornea after cataract extraction, especially if it be in a weak and debilitated subject, heat in some form is always serviceable. There is generally considerable chemosis of the conjunctiva and swelling of lids, and in this condition dry heat would seem to be indicated. These eyes are, however, usually doomed, and iced cloths often tend to limit the inflammatory condition; but if this be once fully established, the hot water will promote the suppurative process which ultimately terminates in phthisis bulbi.

In iritis, atropine to dilate the pupil preventing adhesions and putting the eye at rest, and the frequent application of hot



water to allay the pain and ciliary neuralgia make an excellent treatment.

Frequently a Turkish bath has a marked effect on these cases. I have often seen a pupil dilate under atropine just after a Turkish bath, which before would give no response to the drug, no matter how persistently applied. Traumatic iritis is the only form which will bear the application of cold, and in this the patients often prefer heat, especially if there is a suppurative process going on in the part.

In inflammation of the deeper tunics of the eye, if accompanied by much ciliary irritation or neuralgia, hot water will be agreeable and often beneficial. In sympathetic inflammations hot poultices of flaxseed or bread and milk continuously applied for some time has been said to be followed by good effects. Ayers reports a case in which poultices were used almost continuously for four months and with marked improvement in the condition of the eye. In inflammation of the circumocular fibrous and cellular tissue, cold continuously applied for hours at a time will tend to diminish the heat and swelling of the part and relieve the pain. If it be desired to expedite the suppurative process, which often can not be prevented, hot water would be in order. It can be seen from what has been said that no strict rules or rigid laws can be laid down as to the use of these agents. Potent for good in one case, they may produce the opposite effect in another suffering from a similar condition. It would seem that the following would be indications for their use in general: In acute inflammations, followed by much elevation of temperature or swelling of the part, or in any condition where a lessening of the vascular action is required, cold in some form, dry or moist, intermittent or continuous, is indicated, and generally gives the required relief. Where an increase in the blood-supply of a part is desired, or when the vitality is threatened by a slow necrotic rather than an inflammatory process, heat in some one of its modes of application is clearly indicated.

NEW YORK.

SCOTCH ETHICS.—The Medico-Chirurgical Society of Aberdeen has elected Dr. Archibald Reith as President for the ensuing year. This is the more remarkable as Dr. Reith is a homeopath, and was formally one of the physicians of the Royal Infirmary. Several years ago, he was forced to resign his physicianship.—*British Med. Jour.*

## Miscellany.

"IN air, in water, and in earth, upspring  
A thousand bursting germs; in dry and damp,  
In warm and cold—all things are full of life"  
*Goethe's Faust.*

NEW ANESTHETIC MIXTURE.—Dr. Byrd, of Quincy, Illinois, not being satisfied with the anesthetics in general use, having seen two deaths from chloroform, one occurring in his own practice, and disliking the stimulating or exciting properties of ether, began experimenting to see if he could not discover or prepare an agent which would better suit him for anesthetic purposes. Knowing the physiological action of chloroform, that the greatest danger from its use lay in the extreme anemia of the brain and nervous system; that in this condition of anemia there was not sufficient blood carried to the nervous centers controlling the organs of circulation and respiration to enable them to continue their functions, he thought that if he could combine with the chloroform some agent that would overcome this tendency to extreme anemia, without impairing the anesthetic properties of chloroform, his object might be obtained.

Having a knowledge of the physiological properties and actions of ethyl bromide and its power of causing congestion of the face and brain, he was led to begin experiments with these two agents. The result of these experiments proved to him that if these two agents were combined in the proportions of three parts, by measure, of chloroform to one part of the ethyl bromide, the anemic and depressing action of the chloroform was counteracted by the ethyl bromide, and that the excitement and congestion of the brain caused by the ethyl bromide was antagonized by the chloroform, so that in the production of anesthesia there was no noticeable or marked change in the blood supply of the face and brain.—*Jour. of the Am. Med. Association.*

THE HALIFAX ABORTION CASE.—So far as we can learn, the facts of this lamentable occurrence were as follows: A widow named O'Connor, in comfortable circumstances, became pregnant and consulted Dr. Lawson with reference to the procuring of abortion. According to the deposition, the doctor told her that instruments would have to be used and he would charge her \$50. The operation was performed, and two or three days after the woman had a



miscarriage, followed by puerperal septicaemia and death. The *post-mortem* did not reveal any signs of instrumental violence. A coroner's inquest was held and the following verdict was returned: "That Bridget O'Connor came to her death by abortion practiced by Dr. Archibald Lawson with criminal intent." On hearing of the woman's death and the nature of her dying deposition, Dr. Lawson left the city. *Dr. Lawson was one of the most prominent members of the profession in Halifax, and lecturer on the Principles and Practice of Medicine in the School of Medicine.—Canada Medical and Surgical Jour.*

SIR WILLIAM MACCORMAC IN NEW YORK. The weekly medical publications of New York and Philadelphia, of November 3d print at length an address delivered at the Bellevue Hospital Medical College, on October 3d by Sir William MacCormac. The address was in response to a special invitation, and the subject, "Gunshot Wounds," was one to which the personal experience of the speaker lent a special interest, and secured without difficulty the intelligent appreciation of the audience. The lecture itself is both interesting and instructive, the subject being treated throughout with a masterly realism which is secured by an actual familiarity with the conditions described. Sir William's remarks on resections in military surgery—advocating, as he does, secondary in preference to primary operation of this nature—come before us with the impress of comparative novelty; they appear, however, to be both cogent and well considered. The sound advice as to caution in probing gunshot wounds, where over-zeal or exaggerated surgical curiosity has too often been the agent of septic infection to the patient, will be approved by all. Numerous examples are adduced in which bullets have become life-long and harmless tenants of lung, brain, bone, or even joint-cavities. In the treatment of gunshot wounds of the abdomen, Sir William indorses the advice of the late Dr. Marion Sims, his colleague and chief on the Anglo-American Ambulance staff. The rule will no doubt be established that soldiers so suffering should not be "simply left to die," but that an attempt should be made (by abdominal section) to search for, excise, suture, or appropriately treat the injured intestine. In this, as in all other operations of military surgery, the importance of antiseptic precautions and dressings was eloquently described and insisted on. The whole address was at once

a valuable contribution to the science of military and true conservative surgery, and a graceful conclusion to a visit in which the "lavish hospitality and great kindnesses" received are modestly attributed, not to any personal merit of the recipient, but to the goodwill "of the highly cultured portion of the American people to the old country." *Medical Times and Gazette.*

KAIRIN AS AN ANTIPYRETIC.—That there is still room for a good antipyretic, few would probably be inclined to dispute, and it is not surprising to find that kairin, introduced about a year since in Germany, has lately been put upon its trial in Boston by Drs. Shattuck and F. W. Draper, the former of whom gave it in six cases of typhoid fever, and the latter in two cases. Their cases would seem to show that, when administered in a manner to be alluded to, kairin has a definite and tolerably speedy antipyretic action, and is a fairly safe drug. In some patients it induced a certain degree of collapse, which was overcome by stimulants. This may possibly have been due, in some degree, to individual susceptibility; its effect seemed to pass off speedily, the temperature regaining its former height after a short cessation of the drug. The plan of administration adopted by both the above-mentioned physicians was to give an hourly dose of seven grains and a half, commencing in the evening and continuing it for four, six, eight, or even ten hours consecutively, according to the requirements of the case. There was usually free perspiration after the administration. During the rise of temperature that succeeded the fall there was often a rigor. The symptoms of an overdose were feeble pulse, pinched countenance, and cyanosis of the lips and extremities. The drug was rapidly eliminated, the urine becoming of a dark-green color half an hour after the first dose.—*Medical Times and Gazette.*

THE THERAPEUTICS OF ADDER'S POISON. Dr. Richard Neale writes to us: "In your paper of last week, page 606, the value of adder's poison in tetanus is noted as novel. A glance at the 'Medical Digest' (Section 526: 3) will show that, in 1874, the value of inoculating the venom of the adder was apparently established by several experiments and observations on cases of hydrophobia—a disease very nearly allied to tetanus; and, at Section 1516: 4, a paper by a nephew of the illustrious Baron Hum-



boldt is noted, in which the inoculation of adder's poison, after it had been attenuated by passing it through putrid liver, was found to be a certain prophylactic against yellow fever. Out of one thousand four hundred and thirty eight persons so inoculated only seven took the fever, and these recovered."—*Med. Times and Gaz.*

TEMPERANCE AND PHYSICAL ENDURANCE. Weston, the well-known athlete, commenced last week a walking tour, under the auspices of the National Temperance League, which if persevered in to the end, will constitute a feat of physical endurance worthy of the highest merit in the annals of pedestrianism. (Medical Press.) When starting at midnight on Tuesday from Westminster, Weston's weight was 108 lb.; temperature, 99.2°; pulse, 84; he appeared to be suffering from a severe catarrh and hoarseness, but was otherwise in excellent health and buoyancy of spirits. Several members of the medical profession—among whom we noticed those redoubtable champions of teetotalism, Dr. Richardson and Dr. Norman Kerr—assembled at the Palace Hotel to see him off and to wish him success on his long and tedious journey. The conditions under which the walk is undertaken are that the pedestrian shall cover fifty miles each day for one hundred days, five thousand miles, giving lectures on temperance at the various towns *en route*, Sundays and Christmas day alone excepted, without alcoholic stimulant of any kind, and that three judges upon whom reliance can be placed shall accompany him in a carriage to see that the terms are strictly complied with.

A REMARKABLE CASE OF TRANCE IN THE WESTERN INFIRMARY, GLASGOW—A WOMAN "ASLEEP" FOR FIVE MONTHS.—A very peculiar case at present engages the attention of the medical staff of the Western Infirmary. (Med. Press.) On the 20th inst. a woman, McInnes by name, who had been in an unconscious state for *twenty-two* weeks, was restored to consciousness. The following is an epitome of the circumstances: It appears that a respectable married woman named Mrs. McInnes, the wife of a post-runner in Moidart, after giving birth to a child, became unconscious, and for seven weeks lay in bed in a comatose state. It was then resolved to convey her to the Western Infirmary, Glasgow, for treatment, and she entered that institution on the 1st

of August last. The case being an unusual one, the utmost attention was paid to it, but it fairly baffled the professional skill of the Western. From the day Mrs. McInnes entered the infirmary she remained in the same unconscious state till Tuesday. She lay on her back, and never moved a muscle. Her pulse has averaged 80; her breathing was fair; and to keep up her strength she was fed three times every day by means of the stomach-pump apparatus. No hopes were entertained that she would recover, and therefore great astonishment was caused in the infirmary when it became known that Mrs. McInnes on Tuesday morning opened her eyes, sat up in bed, and emitted an exclamation of astonishment on finding where she was. During her long sleep most of the Glasgow doctors visited her, but on Tuesday she was removed to a private ward, in order to receive extra attention, and, excepting her medical attendants, no one was allowed to see her. Professor Gairdner and Dr. Cameron have had charge of this singular case, which in many respects is the most extraordinary of the kind ever recorded in Scotland. Mrs. McInnes is, of course, very weak, though quite conscious, and hopes are entertained of her ultimate recovery. Dr. Gairdner promises to give a full account of the case in the medical journals. It is superfluous to remark that he is undecided as to its nature.

HIGH HEELS.—Since the high heel made its appearance medical men have more than once borne witness to its bad effects. (Lancet.) The late Mr. Hilton condemned it. Others have done the same. Of late years public opinion has done away with certain of the long-established extravagances of dress, and has given rise to methods more agreeable to the symmetrical development of the body. We hope that in the process of reform, the feet, in which too often vanity pays a price which is dangerously expensive, will not escape notice. The evils of the high-heeled boot or shoe are due to the fact that it is an essentially badly fitting article. It is made in defiance of the relation which it ought to bear to the anatomy of the foot, and to the direction in which the pressure of the body weight falls upon the latter. Hence the peculiarly cramped walk of ladies of the present day. Any one may observe the consequences of the "advanced position," nearly under the instep, and the increased height, of heel, in the substitution of a forward inclination of



the body, and a trip suggestive in a measure of the stumbling gait, for the upright carriage and the free and graceful swinging movement natural to the leg in walking. These matters, as far as they are merely relative to deportment, do not strictly concern us, but there are attendant circumstances which deserve comment. The boot or shoe in order that it may not shift on the foot which has lost much of its usual purchase of direct downward pressure, must hold it firmly and even tightly, and in particular it is necessarily constructed so as to hold with undue firmness just above the back of the heel. With some persons perhaps no inconvenience results, with others who have fine skins chafing is readily produced. This is in itself a trifle, and is presumably altogether too inconsiderable to affect the will of fashion, but it may nevertheless be the slight beginning of graver troubles. Probably there is no practitioner fairly long acquainted with town practice who can not recall a case or cases in which extensive inflammation of the leg with abscess formation has followed even such a slight abrasion, and the exciting cause when looked for was discovered in the patient's shoe. There have even been instances, fortunately rare, but still occasional, where abscesses arising round some neglected trifle of this kind have ended fatally. These are facts which can not be denied, and should not be overlooked; but even if they could, is there any woman with a mind of her own who will say that the dainty step so much desired by some, bought as it is at the cost of healthy muscular exercise, is not overvalued? We rather hope that the honest feeling and the sound judgment which have guided that sex in many better purposes, will ultimately overcome the false sentiment which now leads certain of its members to support an unbecoming and injurious custom.

**A DENTAL ANOMALY.**—Forty-eight years old; toothless from birth, entire lack of sense of smell, almost entire lack of sense of taste; no hairs upon the trunk, never perspires. The jaws present the appearance of those of an old man who had long lost the teeth, there being no alveolar processes, though the dental arches were normal. Mucous membrane of the mouth not different from the normal. There was a superfluity of capillary growth in the axilla, pubes, and on the cheeks; but the scalp possessed only the soft fluffy hair of infancy, while the rest

of the body was entirely free from the short hairs natural to the race. Also no porosity was to be observed in the integument indicating the presence of sweat-glands. The skin was always dry, and this lack of sweat caused the greatest inconvenience, since his body was unable to get rid of heat. In summer he was obliged to keep his clothing damp. While a lad, working on a farm, if he allowed his clothing to dry and delayed re-wetting, he became weak and would almost fall into convulsions because of the excessive heat. The heredity of this case is interesting. His maternal grandmother had neither hair nor teeth. His mother was normal, but a brother was toothless and hairless. The patient's mother bore twenty-one children; eighteen lived to adult age. The patient was among the later born. He was the only one toothless, though some of his brothers never cut certain teeth. Patient is father of eight children; two girls, aged fourteen and sixteen, lack many teeth—the elder, instead of the normal number, twenty-eight, has fourteen teeth.—*St. Louis Courier of Medicine.*

**NEGRO NECROLOGY.**—The following we take from the Weekly Medical Review: A point of highest importance brought out by Dr. Billings is the small expectation of life of the colored population of our cities, as shown by tables compiled, for the first time, we believe, under his direction. From these it appears that of one million colored infants born in Baltimore, one half will have perished before attaining the age of two years. A similar mortality prevails in other cities where the colored population is large. When it is remembered that of an equal number of white children born in Baltimore, one half will live thirty-five years, the disproportion becomes startling, and makes imperative a close investigation into the causes, conditions, and remedies for this lamentable state of affairs. Another interesting feature of these tables is the disproportionately greater number of aged colored females than of males. Of the colored males, there will be left at sixty-five years, 57,252—of females, 93,171; of males at seventy-five years, 19,440—of females, 56,283; of males at eighty-five years, 2,929—of females, 12,726; of males at ninety-five years, 315—of females, 1,477; while 75 males and 158 females will attain one hundred years of age. As will be seen, these figures show rather a remarkably short duration of life of colored men than of



longevity of colored women, who appear to be much shorter lived than their white sisters.

**TRANSIENT ALBUMINURIA.**—The following conclusions relative to this interesting subject, are given as a result of a great number of examinations, by Dr. Millard, in his recent work on Bright's Disease: (1) Albumen is found in the urine of the majority of healthy persons, more or less abundantly and transient in its character. (2) Rest in bed has a clearly marked influence in diminishing the amount of albumen excreted. (3) Bodily fatigue greatly influences the production of physiological and transient albuminuria. (4) Intellectual labor augments with most people the quantity of albumen existing in the urine. (5) Cold bathing exerts considerable influence in increasing physiological albuminuria. (6) Sexual excitement and menstruation manifestly affect albuminuria in the healthy. (7) Albuminuria is as frequent in children as in adults, but the quantity of albumen excreted is less. (8) Digestion, if accompanied by rest, does not exert much influence upon physiological albuminuria.

**IMPROVED THERAPEUTICS.**—As Dr. Wendell Holmes pointed out in his valuable address, the progress of our knowledge in respect of physiology and pathology has, thanks to improved methods of study and investigation, been simply enormous during the last few decades; and it has been steady progress—slow, perhaps, but built up gradually, step by step, on the sure foundation of fact. (*Medical Times and Gazette.*) Speculation counts for very little nowadays, and our text-books on anatomy no longer attempt to determine the exact habitation of the soul, though there are hundreds of men living, in practice now, who were taught by one of the leading anatomists of their student-days that the soul inhabited the pineal gland, and that, according to the best authorities, it invested itself in that body between the thirty-fifth and fortieth day of intra-uterine life. We are, then—and it is not said in any spirit of boasting—immeasurably superior to our predecessors of half a century ago both in our knowledge of disease-processes and our means of diagnosis. Upon this point there can be no manner of doubt; and the natural question arises, have our advances in treatment been commensurate with, or borne any definite relation to, our more thorough appreciation of disease?

This, after all, is the practical point, and if it can not be answered in the affirmative, then surely we are failing to fulfill what should be the main object of our lives, viz., to benefit our fellow-men.

**PARENCHYMATOUS INJECTIONS OF HYPER-OSMIC ACID.**—In April last M. Winiwarter used injections of hyperosmic acid into the tissues of a soft sarcoma of the size of a child's head, situated in the right side of the neck. (*Lancet.*) Every day for fourteen days the injection was repeated. Each time three drops of an aqueous one-per-cent solution of the acid was employed. At the end of this time the tumor was completely broken down, and the necrosed pieces mixed with sero-pus were eliminated by incisions made through the skin, which remained perfectly sound. No local inflammation or general disturbance attended the treatment. Since then the injections have been used with success in a case of sarcoma of the shoulder, in cases of multiple lymphomata, scrofulous glands of the neck, and other kinds of cervical tumors. With carcinomata of the glands, the result has been negative. According to M. Delbastaille, the principal advantage of the acid appears to reside in its property of acting slightly or not at all on healthy tissues, and of confining its action to the site of injection.

**TERATOGENY.**—The influence of external physical and mechanical agencies in the alteration of the natural order of ontogeny has been again verified by some observations made by M. Dareste. When the egg of the fowl has been submitted to incubation only after the lapse of a certain time from being laid, a monster is the result; this modification is produced rapidly or slowly according to the temperature of the environment—nine days in summer, and twenty-two in winter. Repeated and forcible succussion before incubation causes profound changes in the fecundated egg, double heart, ectopia cordis, etc. When the shakings are neither numerous nor intense, as in carriage by cart, the modifications impressed on the germ may disappear by rest before the incubation is commenced. It is worthy of remark that these two causes of teratogeny did not act equally on all eggs; some submitted to these conditions developed normally.

[If these statements are facts they are marvelous, but Monsieur Dareste is probably incorrect.]



**OPIUM-SMOKERS.**—Dr. Ayres, the British Colonial Surgeon at Hong-kong, in his report on the prisons in that colony for the year 1882, says that among the prisoners in the gaol who are set down as opium-smokers there have been no deaths, and he has not found among them any cases of disease which could be attributed to this habit. The heaviest smoker, a man who consumed in this way fifteen grains of opium a day, and had been a smoker for thirty years, weighed one hundred and seven pounds on entering the gaol, and in three weeks he gained three pounds, although he underwent the penal diet, that is to say, for five days out of fifteen he had to subsist on rice and water only. Dr. Ayres declares the opium-smoker suffers much less from the enforced deprivation of the accustomed luxury at once than the tobacco-smoker, and there was no particular symptom caused by the deprivation. Many make no complaint at all.

**BACTERIA, FORMS OF FIBRIN.**—Dr. Gregg, of Buffalo, has been conducting some experiments on bacteria, and publishes the following remarkable summary of his labors: By boiling a quantity of healthy blood he obtained all the forms of bacteria. Then, with some pure fibrin obtained from a washed clot of blood, and boiling it, proving that it was the threads of fibrin broken up into pieces and granules that gave the bacteria, the same results were obtained. Next, some blood was obtained, and rotted under warmth, and closely watched for two months; and here again the same forms were obtained that the fresh-boiled blood gave. From these experiments Dr. Gregg concludes that all the bacteria of disease are forms of fibrin, and, for the general good, requests all investigators to repeat his experimental work, and report to the public the results.—*New York Med. Record.*

**AINHUM.**—The word "ainhum" is a negro term, meaning, as Power and Sedgwick's Lexicon informs us, "to saw." In a medical sense ainhum is used to designate a disease supposed to be peculiar to the negro race, consisting in the spontaneous amputation of the little toes, unaccompanied by any other disorder of the system. The malady begins as a nearly semicircular furrow in the digito-plantar fold, without obvious inflammation, pain, or ulceration. Gradually the furrow becomes deeper and sometimes slightly ulcerated, and extends to the dorsal surface. After the toe has swollen in front of

this constriction, if left to itself it is either trodden off or becomes gangrenous. The disease progresses slowly, and the sensibility of the toe is said not to be lost.—*Lancet.*

**A HUMAN MONSTROSITY.**—A curious story is told of a man in Alleghany County, New York, who had got into the habit of bolting all his food to save time in chewing it, and also of smoking and chewing tobacco to excess and swallowing the juice. After several years of this swinish life his appetite failed, and he thought it necessary to abstain entirely from food. This he did for ten days at first, and soon after resumed the old habit. Again and again he repeated this course, adding to it a profuse devouring of sweatmeats. Finally he had to prolong his fast for fifty days. The world would lose nothing if such monstrosities would fast for the remainder of their lives.—*Pacific Med. and Surg. Journal.*

**A LITERARY VICE.**—One of the most serious offenses against good literary taste is the interpolation of foreign phrases and idioms. The English language is certainly capable of expressing any thought. French and German phrases are more frequently noticed in medical literature than Russian or Choctaw, but with no better reason. The chief objection to such pedantry is the fact that an English audience is addressed, and though the writer may understand foreign tongues, the audience, in most part, does not. A second reason for avoiding the practice is, that the author may not be sufficiently familiar with the language to be correct in its use.—*The Polyclinic.*

**SALICIN IN INTERMITTENT FEVER.**—Dr. Chas. Jas. Fox, in the New England Medical Monthly, says: For some time past I have, in the treatment of this type of disease, used salicin in the place of quinine preparations, and have noted with great pleasure its successful results in a large number of cases in cutting short the paroxysms of ague. Dr. Fox gives thirty grains every two hours till fever is broken, and then thirty grains night and morning for some days.

**A LACTEAL STRIKE.**—It is rumored that the wet-nurses of Paris in the pay of the Assistance Publique intend to strike. They receive from fifteen to eighteen francs a month, but consider it insufficient, as private families pay at a higher rate.



THE ESSENTIALS IN REPORTS.—“The report of a case,” says Dr. Billings, “in which every symptom observed and the effect of every remedy given is fully accounted for, and in which no residual unexplained phenomena appear, is usually suspicious, for it implies either superficial observation or suppression or distortion of some of the facts. A science of medicine, must depend upon the classification of facts, upon the comparison of cases alike in many respects, but differing somewhat either in their phenomena or their environment. The great obstacle to the development of a science of medicine is the difficulty in ascertaining what cases are sufficiently similar to be comparable, which difficulty is in its turn largely due to insufficient and erroneous records of the phenomena observed. . . . Very, very few are the men who can, by and for themselves, see and describe the things that are before them. . . . We had to wait long before the man came who could see the difference between measles and scarlatina, and still longer for the one who could distinguish between typhus and typhoid.”

A VERY THIN SKULL.—Dr. J. A. Wyeth presented part of a skull at a late meeting of the New York Pathological Society, which had broken to pieces with a slight blow of the hammer when he was about to open it for demonstration to his class. The bone was but little more than one sixteenth of an inch thick. He inquired, would not this condition explain how fracture and death occurred in some cases where but a slight blow had been inflicted upon the head?

SASSAFRAS IN RHUS-POISONING. — Dr. Hinton advises sassafras root in poisoning by rhus toxicodendron. He has used it upon himself, and in the cases of a great many patients, and prefers it to all other remedies. A strong infusion is made of red sassafras root, allowed to cool, and then applied frequently by means of cloths wet in it. Recovery may be expected within twenty-four hours.—*N. Y. Medical Journal*.

BUTTER TEST.—Sulphuric acid is said to be a simple, but certain test for adulterated butter. Fresh, pure yellow butter, by the slightest contact with sulphuric acid, turns almost a pure white, while butterine made from animal fat changes to a deep crimson. When lard or other oils are used the colors are diversified, showing all the tints of the rainbow.—*The Caterer*.

DR. REYNOLDS COMPLIMENTED.—With the December number of the Medical Herald, of Louisville, its late able editor and proprietor, Dr. Dudley S. Reynolds, retires from his connection with it, having sold his interests to the publishers. We congratulate the retiring editor, both on account of the reputation he has won and the prospect of more peace in the future.—*Jour. of the Am. Med. Association*.

THE validity of the new health ordinance of St. Paul has been recently tested and sustained by the municipal court of this city. Dr. G. Stamm, for neglecting to report to the health department a case of diphtheria which he was attending, was arrested, and after a jury trial, found guilty of an infraction of the ordinance, and fined \$20 and costs.—*Northwestern Lancet*.

MR. LISTER, it is said, has been offered and has accepted a baronetcy. So much for a successful theory. Baron de Germs should be the title of the baronetcy. Listerism is no more proved to be true than is Darwinism; and before the century ends Listerism will be discarded and wondered at.

WHAT MAN IS.—Mr. Huxley says the body is a machine of the nature of an army, each cell is a soldier, each organ a brigade, the central nervous system headquarters and field telegraph, the alimentary and circulating system the commissariat.

WHOLESOME FOOD FOR THE FRENCH.—The prohibition of the importation of American hams and bacon into France, which had been prohibited from fear of trichinosis, has been rescinded.

The meeting of the Linnean Society, December 6th, was devoted to the reading and discussion of a posthumous essay on Instinct by Mr. Charles Darwin.

A BULLET wound of the skull; bullet permanently lodged within cranium, with perfect recovery, is reported by Dr. Essex Bowen in the Lancet.

A WIDNES chemist has been severely censured, by the coroner of the district, for selling half an ounce of arsenic to a man who poisoned himself.—*British Med. Jour.*

A HAPPY NEW YEAR to all our readers!



# The Louisville Medical News.

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H. A. COTTELL, M.D., - - - - } Editors.

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## THE NITRITE OF SODIUM CONTROVERSY.

The English medical journals have, for some weeks past, devoted considerable space to a discussion growing out of the recent introduction of this salt as a therapeutic agent. The question has also taken the form of a spirited controversy, excited by the appearance of a paper in the *Lancet* of November 3d, by Drs. Ringer and Murrell, in which the experience of the latter with the drug in hospital practice was duly set forth.

Attention seems first to have been called to the remedial power of sodium nitrite in the treatment of epilepsy by Dr. Law, who gives abundant clinical testimony as to its therapeutic value in a recent able paper in the *Practitioner*. Having before it the researches of Lauder Brunton relative to the efficacy of amyl nitrite in angina pectoris and other acute spasmodic nervous affections, and the recent masterly demonstrations of Dr. Murrell of a similar action for nitro-glycerine in the same class of diseases, the profession was prepared to think well of any claim set up for any one of the nitrite compounds, and the new use of the sodium salt was hailed as a therapeutic discovery of no small importance.

With the experience of Dr. Law for a starting point, it was no more than natural that physicians should immediately proceed to test the efficacy of the drug in practice; and in keeping with this spirit Dr. Murrell gave it regularly to out-door patients suffering with epilepsy who applied to him for treatment at the Westminster Hospital. This physician exercised due caution in using for the first time a drug of undetermined power, and gave it in doses of ten grains only, the dose as prescribed by Dr. Law being twenty grains. Under the remedy thus exhibited, Dr. Murrell secured excellent results in the majority of his cases, but found that in many of these the drug produced giddiness, and other unpleasant symptoms, which led him to suspect that the dose had been too large, whereupon he reduced it to five grains and subsequently to three. After this trial Dr. Murrell communicated his experience to Dr. Sidney Ringer, who, by a series of experiments on animals, demonstrated a much greater activity in the salt than the clinical experience of Dr. Law seemed to show, whereupon this gentleman discovered that in his investigations he had used a very impure specimen of the drug.

Such is in brief the history of the advent of this new therapeutic agent with its progress in practice up to the time of the present writing, and from this it would seem that sodium nitrite is destined to play an important part in the treatment of epilepsy and other affections of its class.

But an unhappy feature of the case, and one which shows that even men of high authority are not exempt from the ills that embitter the lives of their less favored co-laborers, is that Dr. Murrell has been submitted to severe censure for his action in treating with a new drug such cases of epilepsy as were best circumstanced for the study of its action. Charges have been preferred against him before the College of Physicians, and a sub-committee of the Board of Managers of the Westminster Hospital animadvert upon his paper and



deal with his action in the spirit of at least mild censure, while numerous small shots, in the way of editorials and epistles, through some of the medical journals, have been fired at him from various quarters.

The merits of the case, as viewed from this distance, where personal considerations can in no way influence judgment, would seem to be fairly stated as follows:

1. That, while Dr. Murrell did take upon himself some risk and submit his patients to danger by prescribing on a large scale a drug of unknown power, his error lay in receiving with too much confidence the conclusions of Dr. Law, and taking for granted that this observer had used a pure specimen of sodium of nitrite, a custom which, though perhaps not uncensurable, is in common practice among physicians in all parts of the civilized world.

2. That his caution in prescribing half the dose given by Dr. Law and also laid down in certain authoritative works, was in the highest degree praiseworthy, and that his frankness in telling the whole truth as to the results obtained should inspire his contemporaries with naught but the highest respect for him as a man and a scientist.

3. That dispensing chemists should be required by law to guarantee the purity of their drugs, and that Dr. Law might in justice come in for a share of the censure for publishing favorable results obtained from a drug the purity of which he had not proved.

4. That it is possible, in the present state of human nature, for a young and brilliant original investigator in old-world medicine to be able to number some envious friends, if not a few enemies, among his older and less successful contemporaries.

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DR. V. P. GIBNEY, with his young and beautiful bride, stopped in Louisville on his return from a visit to his old home in Kentucky. He received, on Friday last, the congratulations and best wishes of his many friends at a brilliant reception given him by Mr. and Mrs. T. H. McCoy.

## Bibliography.

**Anatomy: Descriptive and Surgical.** By HENRY GRAY, F.R.S. With an Introduction on General Anatomy and Development, by T. Holmes, M. A., Cantab. Drawings by H. V. Carter, M.D., with additional drawings in later editions. Edited by T. Pickering Pick, Surgeon to St. George's Hospital, etc. A new American from the tenth English edition, to which is added Landmarks, Medical and Surgical, by Luther Holden, F.R.C.S., with additions by William W. Keen, M.D. Philadelphia: Henry C. Lea's Son & Co. 1883.

The appearance of a new text-book in anatomy, in 1858, whose author was a young English surgeon, marked an era in anatomical research and resulted in giving an impetus to this branch of study which is to-day felt by all schools in English-speaking countries, and whose influence will probably continue for many years to come. At this time anatomy had, through the labors of many distinguished investigators, taken rank among the exact sciences, and though many able works upon the subject were already within reach of the student, there was none which was fit in every way to serve his needs as a manual for college use. The time was auspicious—Mr. Gray took in the situation, and by accurate statement in the text, faultless wood-cuts (the name of each organ being printed upon its picture), and plain directions for dissections, he was able to construct one of the most remarkable text-books in scientific literature.

More than a quarter of a century has passed since the first edition appeared, many new and excellent anatomical text-books have been devised by distinguished teachers in Europe and America; but none of them has been able to subtract "one jot or tittle" from the popularity of Gray with teachers and students of anatomy. This is a triumph in book-making seldom attained by a scientific man, and it is a matter of regret with all lovers of anatomical research that the author should have died before the greatness of his achievement was made manifest.

While the influence of the work in English-speaking countries is especially marked, it has been received with much favor in other lands; its translation into the Chinese language being a noteworthy evidence of its world-wide popularity.

The present edition of Gray's Anatomy comes to us through the hands of several eminent English anatomists and surgeons, and with the introductory chapter on Histology and Development by Mr. Holmes, the



Landmarks, Medical and Surgical, by Mr. Holden, and the numerous corrections, annotations, and additions by Mr. Pick and his able collaborators, it may be said that, without losing any of the force put into it by its lamented author, the book stands to-day abreast with the times and worthy in every particular to support the reputation of the best text-book on anatomy in the world.

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**A Hand-book of Therapeutics.** By SIDNEY RINGER, M.D., Professor of the Principles and Practice of Medicine in the University College, Physician to the University College Hospital. Fourth edition. New York: Wm. Wood & Co.

The new edition of this standard work, carefully revised by the author, with all needful additions, and an elaborate analytical index by Dr. Theodore Maxwell, will be duly appreciated by the physician. Though the science of therapeutics may be justly accused of tardy development when compared with other branches of medicine, still will it be found, by a careful survey of work done in this department during the last ten years, that there has been real growth with much promise of future achievement.

For this healthy state of things we are indebted to many wise and painstaking investigators on both sides of the Atlantic, but to no one more than to Dr. Ringer, whose genius for investigation, great learning, and good sense have made the results of his labors in this department of the greatest service to the practitioner.

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**A System of Human Anatomy, including its Medical and Surgical Relations.** By HARRISON ALLEN, M.D., Professor of Physiology in the University of Pennsylvania, etc. Illustrated with three hundred and eighty figures on one hundred and nine plates, many of which are beautifully colored; the drawings by Henry Faber, from dissections by the author. Also, upward of two hundred and fifty wood-cuts in the text. Section V. Nervous System. Philadelphia: Henry C. Lea's Son & Co. 1883.

The merits of this superb work have already been discussed in the columns of the *News*. Suffice it to say that the present number is equal in style and execution to those which have preceded it. Though too elaborate to serve the purposes of a text-book, it will be a necessity to real students of anatomy. In detail exhaustive, in diction condensed and clear, in illustration marvelous, it is destined to take rank among the world's great scientific works.

**RELATION OF THE EYE AND SPINAL DISEASES.** By A. Friedenwald, M.D., Professor of Diseases of the Eye and Ear, College of Physicians and Surgeons, Baltimore. (Reprint.)

**DISEASES OF WOMEN.** By Geo. C. Pitzer, M.D., Professor of the Theory and Practice of Diseases of Women, in the American Medical College, St. Louis, etc. (Reprint.)

**ELEMENTS OF SURGICAL PATHOLOGY.** By Augustus J. Pepper, M.S., M.B., Lond., F.R.C.S., Eng.; Fellow of University College, London; Surgeon to St. Mary's Hospital, etc. Illustrated with eighty-one engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

**A TREATISE ON SYPHILIS IN NEW-BORN CHILDREN AND INFANTS AT THE BREAST.** By P. Diday, ex-surgeon to the Hospital De L'Antiquaille, Lyons, translated by G. Whitley, M.D., with notes and appendix by F. R. Sturgis, M.D., Professor of Venereal and Skin Diseases in the New York Post-Graduate Medical School, etc. Wood's Library of Standard Medical Authors. New York: William Wood & Co. 1883.

**SURGICAL APPLIED ANATOMY.** By Frederick Treves, F.R.C.S., Assistant Surgeon to and Senior Demonstrator of Anatomy at the London Hospital; Examiner in Anatomy at the University of Aberdeen, etc. Illustrated with sixty-one engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

**A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS,** its pathology, diagnosis, and treatment, with chapters on the Anatomy of the Kidney, Albuminuria, and the Urinary Secretions. By Henry B. Millard, M.D., A.M. With numerous original illustrations. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884.

**THE DISSECTOR'S MANUAL.** By W. Bruce Clark, M.A., M.B., F.R.C.S., Senior Demonstrator of Anatomy and Operative Surgery at Saint Bartholomew's Hospital, etc., and Charles Barrett Lockwood, F.R.C.S., Demonstrator of Anatomy and Operative Surgery at Saint Bartholomew's Hospital, etc. Illustrated with forty-nine engravings. Philadelphia: Henry C. Lea's Son & Co. 1883.

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A CASE of tubercular disease of the tongue mistaken for syphilis is reported in the *Lancet*, December 8th, by Mr. Barker.



## Selections.

**PEPTONIZED MILK IN ACUTE DYSPEPSIA.** Five grains of extractum pancreatis and twenty grains of bicarbonate of soda are dissolved in four ounces of tepid water. This is added to one pint of fresh milk warmed to the temperature of the body, and the mixture is allowed to digest for about one hour at a temperature of 100° F. The milk, when ready, should have a slightly bitter taste, or rather after-taste. It is now raised to the boiling point, strained, and placed on ice ready for use.

**ABRUS PRECATORIUS AND "SUI" POISONING.**—The seeds of the *Abrus precatorius* have of late been used as a remedy for granular lids and other eye affections. The plant from which they are obtained belongs to the natural order *Leguminosæ*, and grows wild in almost all parts of India. It is mentioned by Susruta and other Sanskrit writers, and has long been in use as a medicine among the Hindoos. It is familiarly known as the Indian liquorice-plant; and the root when dried is often sold as a substitute for liquorice in the bazaars in Bengal. The seeds are of a bright red color with a black spot or eye. They are known as "Jequirity seeds," "prayer beads," or "jumble beads." They are used for ornamental purposes, and also by goldsmiths and druggists, on account of their uniform weight, the *ruttee* being about two grains. Mohammedan writers describe them under the name of Ain-ud-deek, or cock's-eye, and state that they are "hot and dry, tonic and aphrodisiac." They are said to be poisonous when swallowed, but this is probably a mistake, as they are eaten as an article of diet in Egypt. In India they are used illegitimately for killing cattle, especially by the Chamar or Skinner caste. These miscreants powder the seeds, moisten them with water, and roll them out into little pointed cylinders, or needles, called "suis." The "sui"—or "sutari," as it is sometimes called from its resemblance to a cobbler's awl—is dried and fixed into a wooden handle. The animal is stabbed with one of these instruments, the point being left in the cellular tissue, and dies in a few hours. The abrus contains no alkaloid or active principle, but a kind of ferment, which possibly acts somewhat in the same way as does papayotin, giving rise to the formation of enormous numbers of micro-

cocci and bacteria in the blood. The mortality among cattle from the prevalence of this practice is very great in many parts of India. Fortunately "sui" poisoning in man is not common, but there are several cases on record, and there is every reason to suppose that the numbers will increase. So little is known about the subject in this country, that a source of danger might be overlooked and the cause of death remain unsuspected.—*William Murrell, M. D., in the British Medical Journal.*

**INFLUENCE OF HEREDITY IN PHTHISIS.**—The Medical Press thus comments on some points of a discussion which at this time is attracting much attention:

It must, of course, be always a hazardous proceeding to argue from the known to the unknown; and in nothing is this so certain as in the proceeding of those who dispose to lay stress on the fact that persons, whose family history betrays no hint of phthisical tendency must therefore necessarily be free from a predisposition to that disease. Assumption is here of doubtful service; but, nevertheless, so strong is the belief excited by a healthy record, that much difficulty is experienced in disabusing the mind of the prejudices it gives rise to. That persons who do not obviously inherit a predisposition to consumption are thereby unfavorable soil for the development of the active agent of phthisis—if there be such an organism—is tacitly accepted in all discussion on this subject; possibly because the effort to grasp the existence of an effect without at the same time picturing an antecedent cause for it, is abhorrent to minds trained in the method of scientific thought. And yet it might be almost wiser, even now, to refuse acceptance to a theory of such contagion, although by so doing we might seem to ourselves to retrograde as far backward as we have of late advanced. It is seductive in its simplicity; it affords so ready an explanation of the exceptions that occur; it is altogether so apparently satisfactory, that this very completeness might be taken to indicate the necessity for caution in regard to it. Some cases, moreover, are, even in the light shed on them by later research, obscure puzzles in this connection; especially those which would come into the category of communicated phthisis, but in which the onset of symptoms is very long delayed. In the report referred to above, no more than three cases are described as running a course exceeding two years in duration; and these



even do not resemble those sometimes observed, in which a wife who survives a consumptive husband, and has neither inherited, nor is in any way predisposed to phthisis, as far as appears, and who, after living, it may be, three or four years in perfect health, at length becomes herself a victim of consumption. Can it be that the poison of phthisis has been lying dormant in the system in such cases, hidden away in some remote recess of living tissue, waiting only the first occurrence of breaking health or the onset of a natural crisis to demonstrate the intrinsic viciousness of its powers. Some explanation such as this may be the one to choose; and possibly the time is not far distant when there will be light enough to read the darkest page this chapter of clinical history contains.

[We number among our acquaintances a lady who seven years ago nursed her husband for several months, with phthisis, which finally resulted in his death. She has been ever since in good health, but in the mean time has lost three sisters from the disease.]

**PURULENT PERICARDITIS.**—Dr. Samuel West read notes of a case of purulent pericarditis treated by incision and occurring in the course of pyemia. (Lancet report Pathological Society of London.) The case was under the care of Mr. Savory. The patient was a lad aged fourteen years, who ten days after a severe fall developed an abscess in the left shoulder, which was incised and subsequently counter-opened. In addition to pyrexia there were cyanosis and dyspnea with the physical signs of pneumonia of left base. Some days later a few ounces of serum were removed from the left pleura. A second puncture a little later revealed no fresh fluid. The pericardium was felt to be full of fluid by the finger inserted into the side wound, and was incised, with removal of twenty-four ounces of pus. The patient was relieved for the time, but the dyspnea and cyanosis continued, and the patient subsequently died in the ninth week from the accident. The autopsy showed a large abscess in the left thigh and inflammation of the left ankle-joint. There was extensive thickening of the mediastinal tissues, the arteries being deeply embedded in it. The left pleura was divided by adhesions into three parts, each containing serous fluid; the pericardium was in great part obliterated, except at the apex; there was no obstruction of any of the vessels. The case resembled those originally de-

scribed by Kussmaul in the extensive mediastinitis, but there was no ascertained obstruction of the vessels. The present was believed to be only the third case in which the pericardium had been freely laid open for purulent pericarditis. The first was under the care of Professor Rosenstein of Leyden. The patient was a boy aged fourteen. The pericardium was twice incised, and recovery ultimately took place. The second case had been published by Dr. West in the Transactions of the Royal Medical and Chirurgical Society. It was an instance of idiopathic purulent pericarditis in a lad aged seventeen, who completely recovered in five weeks. Dr. West drew attention to the fact that in this case incision had entirely relieved the pericardium, which was rapidly tending toward obliteration fourteen days after the operation, and that death appeared rather to be due to the other lesions present. Dr. West held that the surgical interference with the pericardium was not more dangerous than, if indeed so dangerous as, that with the pleura or peritoneum.

**TREATMENT OF NETTLERASH.**—Dr. McCall Anderson, in a recent lecture (British Medical Journal), advises the following:

The first point in the management of any case of urticaria is to endeavor to find out, and, if possible, to remove the cause or causes, the nature of which has already been sufficiently considered in a former section.

*In acute cases* the eruption generally subsides within two or three days, when no treatment is adopted; but generally a sharp purge is of use, especially when, as in the majority of instances, the eating of some indigestible food, or digestive derangement, is at the root of the mischief; and, if we have reason to believe that such food is still in the stomach, as indicated by nausea, etc., an emetic of mustard, ipecacuanha, or sulphate of zinc, may be administered at the outset. In all such cases, stimulating food and drink should be avoided, and the diet should be of the simplest kind.

*In chronic cases*, a similar line of treatment should be pursued under similar circumstances, and, where we have reason to suspect that it results from the digestion being disturbed by some particular kind of food, the nature of which varies in different persons, owing to their peculiar idiosyncrasy, we may with advantage follow the advice of Willan, who wrote, "I have desired several persons affected with chronic



urticaria to omit first one, and then another article of food or drink, and have thus been frequently able to trace the cause of the symptoms. This appeared to be different in different persons. In some it was malt liquor, in others, spirit, or spirit and water; in some, white wine; in others, vinegar; in some, fruit; in others, sugar; in some, fish; in others, unprepared vegetables." Like most other observers, however, he found that, in some cases, a complete alteration of the diet was not of the least avail. It would be quite out of place to refer to the means to be taken for the removal of the many other causes of this affection, as these must be treated upon general principles, and in the same way as we should do if they were independent of urticaria.

When no cause can be made out, or where the supposed cause has been removed, and the eruption continues to crop up, we must treat it empirically. We may, for example, try the effect, as Trousseau suggested, of the administration of sulphuric ether in doses of twenty to forty drops in water, or of quinine in full doses, or of arsenic, which is only exceptionally useful. But the medicines from which, perhaps, most is to be expected are atropia and bromide of potassium; the former may be administered subcutaneously at night, or night and morning, the initial dose for an adult being one hundredth of a grain (*e.g.* five minims of a solution of one grain of sulphate of atropia in five hundred of water); the latter in doses of ten grains dissolved in water three times a day. In either case the dose should be gradually increased, *either until the disease begins to yield, or until the supervention of the usual physiological effects renders it unsafe to push the experiment further.* Occasionally, good results are obtained from the continuous current of electricity for ten minutes night and morning, one sponge (the positive pole) being applied to the top, and the other to the bottom of the spine.

In obstinate cases a complete change of air and scene and occupation is desirable, and sometimes advantage is obtained from visiting one of the alkaline spas, as Vichy, or from a course for three or four weeks of the baths of Leuk, in Switzerland.

Local treatment is generally resorted to, more with the view of alleviating the distress of the patient than in the hope that it will cut short the disease. The parts, for example, may be sponged with vinegar and water, or with eau de Cologne, or with a lo-

tion of carbolic acid. An ointment containing chloroform or a mixture of chloral and camphor may sometimes be of service, and in exceptional cases not only temporary relief, but permanent benefit may result from the use of the tarry preparations, such as a lotion composed of equal parts of tar, soft soap, and rectified spirit.

DIAGNOSIS OF DIABETES.—A correspondent writes to the *Gazette de Hopitaux* on a simple means of recognizing this disease. Every time that a patient, in consulting him, passed the tongue several times between the lips in the course of conversation, he concluded at once that his client was diabetic. Out of thirty-four cases not once did he observe an exception to the rule. The reason why is easily understood—dryness of the mouth—a fact well known to all.—*Medical Press.*

[Truly, very absurd. Dry lips come from fever, fear, and many causes, and not a few women lick their lips to keep them dewy. Dogs do this after eating, and when expecting food.]

SYRUP OF DOVER'S POWDER.—The Am. Jour. Pharm. recommends the following:

Deodorized tinct. of opium, . . f. ʒ viij;  
Syrup of ipecac., . . . . . f. ʒ x;  
Simple syrup, . . . q.s. to make f. ʒ lxxv.

Each fluid dram contains one half grain each of opium and ipecac. The addition of potassium sulphate (discarded in the new officinal formula) would probably make the preparation no better.

#### ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from December 15, 1883, to December 22, 1883.

*Campbell, John*, Lieutenant-Colonel and Surgeon, having completed the duties pertaining to the office of the Medical Director of the late Department of the South, to proceed from Newport Barracks, Ky., to New York City, and assume the duties of attending surgeon in that city. (Par. 12, S.O. 284, A.G.O., December 12, 1883.) *Clements, Bennett A.*, Major and Surgeon, relieved from duty as attending surgeon, New York City, and detailed as member of Army Medical Examining Board, now in session in New York City. (Par. 12, S.O. 284, A.G.O., December 12, 1883.) *Williams, John W.*, Major and Surgeon, leave of absence on surgeons certificate of disability granted in S.O. 157, November 12, 1883, Department of the Columbia, extended five months on surgeon's certificate of disability. (Par. 6, S.O. 286, A.G.O., December 14, 1883.)

















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